

# MASSACHUSETTS NURSE

THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION ■ [www.massnurses.org](http://www.massnurses.org) ■ VOL. 76 No. 2

March 2005



## Hospital industry proposal sets no minimum standard of care

### MNA derides MHA 'safety pledge' as ploy to avoid ratios

The MNA finds the Massachusetts Hospital Association's "Pledge for Patient Safety" campaign to be another cynical example of "feel good" public relations replacing a true commitment to patient safety and true accountability.

The MHA, in an attempt to appear as if it is doing something to address the staffing crisis in hospitals, announced its campaign in January. It involves hospitals signing a voluntary pledge of commitment to patient safety.

"Patients in Massachusetts' hospitals deserve more than a promise of safe nursing care; they should expect and deserve a guarantee," said Karen Higgins, RN, president of MNA. "In this case, hospitals will be signing a pledge to maintain the status quo—a situation that has led to a 76 percent increase in DPH-reported errors, injuries and complaints for patients in the state's hospitals over the last seven years.

"The MHA pledge is written by hospital administrators for hospital administrators and fails to provide *any* minimum standard that will protect hospital patients from the current dangerous practice of understaffing of registered nurses. Nearly every nursing-related requirement called for in this campaign is already called for under the industry's JCAHO accreditation process, a process that has proved totally ineffective in guaranteeing patients safe care," Higgins added.

A fundamental defect with this pledge (and similar legislation filed by MHA) is it fails to heed the key findings of the scientific research and the Legislature's own 2001 Nursing Commission Report, which called for the implementation of a minimum standard for nurse staffing ratios.

Specific problems with the measure include:

#### No minimum standard of care

- Merely allows the hospital industry to file a report about its staffing "plan," with no requirement that they meet any minimum standard of safety.
- Requires posting of the staffing plan, providing the health care consumer with no standard to judge the plan against. One hospital could post a ratio on a medical/surgical floor of one nurse to seven patients, while another could post a ratio of one nurse to four patients. Both comply with the pledge, but the 1:7 ratio carries a 21 percent increase in the risk of death for those patients.

#### Self-reporting = no accountability

- Only calls for retrospective evaluation of staffing plans in each hospital. This offers little comfort to patients jeopardized by unsafe staffing levels during the time of their hospital stay.



The only way to protect patient safety is to limit the patient load assigned to an RN at one time.

#### No real solution

- Fails to address the root cause of the nursing crisis: retention—nurses burned out with high patient loads leaving the bedside. ■

### MNA takes position opposing BU biosafety level 4 lab

After hearing from both sides in the debate over the placement of a biosafety lab near Boston Medical Center in downtown Boston, the following is the official position statement released by the MNA in January opposing this proposal.

The Massachusetts Nurses Association is the professional association for registered nurses in the Commonwealth and is committed under our professional ethics to advance public policy that protects the health and safety of all residents of our communities. It is with this mission in mind that we register our opposition to the placement of any Biosafety Level 4 laboratory (BSL-4 lab) in an urban, densely populated area, where the accidental or deliberate release of a deadly biological agent could have a devastating impact on a large population of residents.

Therefore, we believe the BSL-4 lab proposed for a site near and directly between Boston Medical Center and the I-93 on-ramp should not be built in inner-city Boston.

While the stated purpose of enhancing public health is commendable, a number of questions arise concerning the decision to build this facility in this place at this time. Among the areas of concern are the following:

#### Safety

While it is true that those working within the facility will be at the greatest risk of exposure, any breach would potentially infect those living and working nearby, as well as those at some distance, through known or unknown human vectors.

**Are nearby hospital emergency departments prepared to contain and treat victims of such an outbreak?** Indications are that they are not. Congressman Barney Frank testified last year that Massachusetts' hospitals are not prepared for the "average Friday night," referring to overcrowding and frequent diversion of emergency patients.

**Is evacuation of the community possible?** Massachusetts was recently ranked as one of the states least prepared to respond to a disaster in the entire country. While this proposed laboratory is cited as a means of enabling the country to better respond to terrorist threats, the threat posed by the laboratory does not appear designed to resolve Massachusetts' disaster preparedness deficiencies.

**What will be done with the waste products of this laboratory?** Will waste be adequately processed prior to disposal?

Will adequate care be taken to maintain the efficiency of this equipment? It takes 48 hours to verify these tests. Will waste products be held long enough for the completion of tests to confirm decontamination of the load? Where? Will any organisms or parts of organisms be chemically disinfected and poured down the drain? Is incineration or transportation to another site the last stage in decontamination of waste products? What is the environmental impact of the total disposal process?

#### Security

The assertion that there have been no reported breaches at existing Level 4 laboratories is of little predictive value. Most of these laboratories are described as "urban," but none are in as congested a neighborhood or with such a narrow buffer. Despite increasingly tight rings of internal security and a nearly impenetrable ground perimeter, has there been any thought of attack from the air or from surface-launched projectiles? The proposed laboratory is within two air-miles of Logan Airport and traffic helicopters regularly fly over this area near the heart of

See *Biosafety*, Page 11

#### Featuring...

Environmental connection for health and safety .....	10
Reducing back injuries .....	10
Congress members .....	12
Best glove protection? .....	13
Emergency preparedness .....	14

#### Also inside...

Single-payer health care: Link shown to bankruptcies .....	2
Executive director's column: Much ado about nothing .....	3
MNA on Beacon Hill: MNA legislative agenda .....	4
Patient safety checklist .....	5
Labor Department News Bargaining unit updates .....	6
Labor Education: Dangers of shift work .....	7
Unsafe staffing forms .....	8
3rd Chairs Assembly .....	9
MNA elections .....	16-17
Continuing education .....	18
Peer support .....	21
MNA benefits corner .....	22

#### Honor fellow nurses

Nominations are being accepted for the 2005 MNA Awards. Full details, Page 3

For the latest developments impacting nurses, visit the MNA Web site, [www.massnurses.org](http://www.massnurses.org)

## Nurses' guide to single-payer reform

### Medical conditions contributed to half of bankruptcies in 2001, study says

About half of bankruptcies filed in 2001 were because of medical bills, according to a study published Feb. 2 on the Health Affairs Web site, the Chicago Tribune reports (Rubin, Chicago Tribune, 2/2). For the study, researchers from Harvard Medical School and Harvard Law School surveyed 1,771 U.S. residents who filed for bankruptcy in 2001 and interviewed 931 of them (Abelson, *New York Times*, 2/2). People interviewed had cases involving injury or illness, unpaid medical bills of more than \$1,000 in the two years prior to filing for bankruptcy, loss of two weeks of work because of illness or injury or mortgaging of a home to pay medical bills, the *Los Angeles Times* reports (Dickerson, *Los Angeles Times*, 2/2). According to the study, 46.2 percent of people reporting bankruptcy in 2001 cited illness and medical bills as the cause. The rate rose to 54.5 percent when births, deaths and gambling addictions were considered as factors, the AP/*San Jose Mercury News* reports (Jewell, AP/*San Jose Mercury News*, 2/2). The number of bankruptcies filed in the United States tripled between 1980 and 2001, to nearly 1.5 million couples and individuals. The number of medical-related bankruptcies increased twenty-threefold during that period, the study says (*Los Angeles Times*, 2/2).

#### More findings

According to Steffie Woolhandler, one of the study authors and a doctor at Cambridge Hospital, 76 percent of people who had a medical-related bankruptcy had health insurance when they first became ill (Kowalczyk, *Boston Globe*, 2/2). According to the study, 38 percent of those who filed for bankruptcy lost their health coverage at least temporarily by the time they had declared bankruptcy (AP/*San Jose Mercury News*, 2/2). Most of those who filed for bankruptcy because of medical costs were middle-income homeowners, the study indicates (*Los Angeles Times*, 2/2). For people filing bankruptcy, out-of-pocket medical costs averaged \$13,460 for those who had health insurance, compared with an average of \$10,893 for the uninsured, the study says. The highest costs—\$18,005 on average percent—were incurred by people who had private health coverage at the beginning of their illness but later lost it, according to the study. For patients with cancer, average out-of-pocket costs were \$35,878, the study finds (Kerr, *Long Island Newsday*, 2/2). The study

## FYI

Washington Post/ABC News poll (2003): 79 percent of Americans said they support healthcare coverage for everyone even if it means raising taxes. The poll asked, "Which would you prefer: The current insurance system in the United States, in which most people get their health insurance from private employers, but some people have no insurance, or a universal health insurance program in which everyone is covered under a program like Medicare that's run by the government and financed by taxpayers?" Universal healthcare won, 62 percent to 33 percent.

Also, a 2003 Pew poll asked people if they favored the government "guaranteeing health insurance for all citizens, even if it means repealing most of the recent tax cuts. Universal health care won, 67 to 26 percent. ■

#### Mass. Health Care Trust Bill is the solution

The problems identified in the study on personal bankruptcies caused by those who are underinsured and uninsured would be solved if we moved to a single payer health care system, which would be created in Massachusetts with the Massachusetts Health Care Trust bill.

This legislation guarantees every Massachusetts resident first class health care coverage by replacing the current patchwork of public and private health care plans with a uniform and comprehensive health plan. It creates a single public entity called the Health Care Trust to replace all the present public and private bureaucracies. The trust, appointed by the Governor, will have representation from consumers, professionals and government. It will:

1. Oversee the delivery of health care services to Massachusetts's residents, with emphasis on universality, rational and effective allocation of resources, preventive medicine and the need for health care choices to be made by provider and patient.
2. Collect and disburse funds for the purpose of providing comprehensive health care for all residents of the Commonwealth. These funds will derive from current State and Federal expenditures for medical care, additional public and private sources to be proposed by the Trust following completion of a study undertaken by the Legislature and sales taxes on products that tend to increase health costs.
3. Negotiate or set fair and reasonable methods and rates of compensation with providers of medical services and with health care facilities and approve capital expenditures in excess of \$500,000. ■

also says that employer-sponsored health insurance does not seem to shield families from high medical costs because an illness can lead to job loss and loss of health coverage, the *Los Angeles Times* reports. In addition, people who cited medical bills as a cause for filing bankruptcy were more likely than others to have experienced a gap in health coverage because of costs or because they switched to a new plan and then lost coverage because of pre-existing medical conditions, the study says. In addition, about 33 percent of those who filed for bankruptcy because of medical costs said they still have difficulty paying bills, such as mortgages, utilities and rent (*Los Angeles Times*, 2/2).

#### Researchers' reactions

Elizabeth Warren, a Harvard law professor and one of the study's authors, said, "It doesn't take a medical catastrophe to create a financial catastrophe" (*New York Times*, 2/2). Woolhandler said, "A larger share of American workers are going to have insurance that's like a paper umbrella. It looks good, and it might even protect you in a sprinkle, but it melts away in a downpour" (Rackl, *Chicago Sun-Times*, 2/2). David Himmelstein, another author and Harvard Medical School professor, said, "Unless you're Bill Gates, you're just one serious illness away from bankruptcy.

Most of the medically bankrupt were average Americans who just happened to get sick. Health insurance offered little protection" (Rapaport, *Sacramento Bee*, 2/2). Warren said, "These are hard-working, 'play-by-the-rules' people who have health insurance and have discovered that they were just one bad diagnosis away from financial catastrophe. I think that's the real heart of the story. This is about people who thought they were all safe" (*Los Angeles Times*, 2/2). Woolhandler said, "We need to rethink health reform. Covering

the uninsured is not enough. We also must upgrade and guarantee continuous coverage for those who have insurance" (AP/*San Jose Mercury News*, 2/2). The Tribune reports that Himmelstein and Woolhandler, who are married, are co-founders of Physicians for a National Health Program, a group that advocates a national health insurance system (*Chicago Tribune*, 2/2).

#### Other reaction

Some health policy analysts said they believe the findings highlight the "limitations" of the employer-based health insurance system, according to the *New York Times*. For instance, as employers shift more health care costs to workers, increasing co-payments and deductibles could exacerbate the problem of medical-related bankruptcies, the *Times* reports. Joseph Antos, a health policy researcher with the American Enterprise Institute, said, "You can lose [health insurance] because it's tied to employment" (*New York Times*, 2/2). Attorney Andrew Thaler, a bankruptcy trustee in New York, said that "a lot of people are having to file bankruptcy because of medical reasons. Lots of times people with medical debts will have other debts as well" (*Long Island Newsday*, 2/2). Greg Scandlen, director of the Galen Institute, said, "I don't doubt there are people who lose their jobs due to a medical problem and hence lose their income and insurance. But this 'study' tells us absolutely nothing about those people because it is trying so hard to exaggerate the problem" (*Chicago Tribune*, 2/2). ■

### Mark your calendars

On Saturday, March 19, please join fellow advocates and activists from across Massachusetts for one or both of the following events at the Radisson Hotel, Memorial Drive, Cambridge.

#### MASS-CARE speakers training

Improve your ability to effectively advocate for single payer health care, the only model for achieving universal access to high quality, affordable health care. This event will run from 3–5 p.m.

Presenters will be Quentin Young, M.D., Steffie Woolhandler, M.D. and Peggy O'Malley, R.N. Suggested donation: \$30 (discount for students and seniors). All proceeds go to the Massachusetts Campaign for Single Payer Health Care (MASS-CARE).

#### Ben Gill Fundraising Event

This eight annual event will run from 5–7 p.m. and features light refreshments and cash bar.

Admission is \$40. Proceeds benefit the Massachusetts Campaign for Single Payer Health Care (MASS-CARE) and its tax-exempt "sister" organization, the Universal Health Care Education Fund (UHCEF).

This annual event celebrates the life of Ben Gill, M.D., a founder, leader and continuing inspiration of MASS-CARE.

Our very special guest speaker and recipient of this year's Ben Gill Award for Leadership in Advocacy for Single Payer Health Care will be Quentin Young, M.D., the national coordinator of Physicians for a National Health Plan. In addition to many other remarkable achievements, Dr. Young was a key architect of the bill introduced in Congress by Rep. John Conyers of Michigan and Rep. Dennis Kucinich of Ohio to create a national single payer plan.

Space is limited. Advance reservations are recommended and appreciated. If you attend both events, a discounted total of \$60 will apply. You are welcome to contact [masscare@aol.com](mailto:masscare@aol.com) or 617-723-7001 or send your check payable to: MASS-CARE or to UHCEF (tax-deductible), 8 Beacon Street, Boston, MA 02108.

We have "mountains to climb" to achieve the vision we share. Financial resources are absolutely critical, now more than ever.

Your support on March 19 will help enormously. It won't be the same without you. See you there. ■

*Executive Director's column***MHA 'Patient First' is much ado about nothing—don't let them con the public**

By Julie Pinkham, RN  
MNA Executive Director

Have any of you had this experience? You raise an issue of concern with management, make an effective case for why the issue should be of concern and fashion a reasonable solution to move forward—and in response management offers a seemingly endless stream of platitudes and actions that sound impressive, but as you peel back the rhetoric you find the suggested "fixes" totally without substance. Then I guess we should not be surprised that this is exactly what has happened this year with frontline nurses' desire for safe, minimum staffing ratios.

As nurses and the Coalition to Protect Massachusetts Patients have continued to make a compelling case for safe staffing ratios, management has turned to one strategy after another to derail their implementation.

First, they claimed there was no research to support ratios, but over the last three years, study after study has come out prov-

ing our case over and over again.

Last year, MHA invested millions of dollars of state-house lobbying to convince legislators to abandon their support for safe ratio legislation. But again, it failed in the attempt. Today, 104 legislators, an increase over last session and a majority in both houses, have signed on as co-sponsors of the safe staffing bill. In addition, the Coalition to Protect Massachusetts Patients continues to grow, with 75 organizations now supporting this measure and pushing for its passage. These groups represent nearly every patient group and every important health care advocacy group in the commonwealth.

As a result, MHA is realizing its "every-



Julie Pinkham

thing is OK, we don't need to do anything about patient safety" strategy is no longer working. What to do next?

The answer is to do what Phillip Morris and Wal-Mart have done: pony up a ton of cash to hire a public relations firm and create a slick and deceptive campaign that makes it look as if you are doing something to address a problem, when the real goal of the campaign is to avoid having to do anything of substance.

Enter the "Patients First" campaign, one that has nothing to do with putting patients first and everything to do with protecting the dangerous status quo. See the story on page one to learn more about the program, but to summarize, it is a pledge campaign that requires hospitals to file their current staffing levels (in hours per patient day as opposed to ratios—a totally meaningless measure to the public and most nurses for that matter). In addition, hospitals, under the "Patients First" campaign must post staffing levels for public view. However, there is no requirement for those ratios to adhere to any

standard or for hospitals to change any of the practices they now employ.

You must understand this new campaign is just a mirror image of a similar piece of legislation filed on MHA's behalf by Sen. Richard Moore. Both the bill and the pledge have one thing in common—they both will do nothing to improve the conditions at your facility and they are both designed to con the public and the legislature into believing they will.

In the final analysis, it's all much ado about nothing. Worse yet, it gives the illusion of addressing the problem when in effect it does nothing. It's time to say "no" to empty rhetoric and "yes" to ratios. Let's actually make a difference for patients and retain our credibility as truth tellers working on their behalf.

So if you see your hospital listed on the MHA's Web site as a "Patients First" volunteer, make sure you write and/or e-mail your legislators and tell them to look past the rhetoric and do something real for the patients. Tell them to pass RN ratios—the patients have waited long enough. ■

## The dollar magnet: 'pay for performance'

By Mary Crotty  
Associate Director of Nursing

Organized medicine has also sounded an alarm about the coming impact of the latest trend in hospital reimbursement called "Pay for Performance." At a recent meeting in Atlanta, the American Medical Association issued a special report to its member physicians to educate them about the trend toward pay for performance requirements as employers and health insurers "attempt to rein in health care costs."

According to the report, the pay-for-performance trend is a "tsunami building offshore in a sea of stakeholder unrest, threatening those who are not prepared."

"It became apparent to us that pay for performance is not going to go away," said Nancy Nielsen, speaker of the AMA



Mary Crotty

House of Delegates. Some physicians have raised concerns that pay for performance requirements will "merely reward doctors if they keep practice expenses down in ways that short change patient care," according to the *Chicago Tribune*.

"This can be camouflage for cost containment," Nielsen said, adding, "Doctors have to make sure they are a part of developing

these (pay-for-performance) initiatives or it will be rammed down their throats." (Japsen, *Chicago Tribune*, 12/9/04)

MNA's concern is that "Magnet" hospital designation is being sought by hospitals for its potential use as a substitute indicator of "quality"—the new buzzword for "performance." The ability to demonstrate performance will qualify hospitals for better reimbursement from payers. The drive we are seeing by hospitals for all to be "above average"—i.e., to be "magnet hospitals" is driven by financial strategies, not as a mechanism to improve patient care or to strengthen nursing.

For more information, see: [www.kaisernet.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=27186](http://www.kaisernet.org/daily_reports/rep_index.cfm?DR_ID=27186) ■

## Honor your peers with a nomination for 2005 MNA awards

One of the greatest honors one can achieve is the recognition of one's peers. In this fast-changing health care system in which nurses strive daily to carry out their duties to their patients, there is very little time for them to acknowledge their own professional accomplishments and those of their peers.

The MNA awards, established by the membership with the approval of the MNA Board of Directors, offer all members an opportunity to recognize nurses who, by their commitment and outstanding achievements, have honored us all. These are often ordinary nurses and other individuals who accomplish extraordinary things and who challenge us all to achieve excellence.

For detailed information on selection criteria and to receive a nomination packet, call Liz Chmielinski, MNA Department of Nursing, 781-830-5719 or toll free, 800-882-2056, x719.

**Elaine Cooney Labor Relations Award:** Recognizes a Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

**Judith Shindul Rothschild Leadership Award:** Recognizes a member and nurse leader who speaks with a strong voice for the nursing community.

**MNA Advocate for Nursing Award:** Recognizes the contributions of an individual—who is not a nurse—to nurses and the nursing profession.

**MNA Human Needs Service Award:** Recognizes an individual who has performed services based on human needs with respect for dignity, unrestricted by consideration of nationality, race, creed, color or status.

**MNA Image of the Professional Nurse Award:** Recognizes a member who demonstrates outstanding leadership in enhancing the image of the professional nurse in the community.

**MNA Nursing Education Award:** Recognizes a nurse educator who has made significant contributions to professional nursing education, continuing education or staff development.

**MNA Excellence in Nursing Practice Award:** Recognizes a member who is a role model by contributing innovative, progressive ideas that serve to improve and

enhance clinical nursing practice, including precepting students or new staff nurses.

**MNA Research Award:** Recognizes a member or group of members who have effectively conducted or utilized research in their practices or who have provided exemplary leadership to assist others in nursing research.

**Kathryn McGinn Cutler Advocate for Health & Safety Award:** This award recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

**Frank M. Hynes Award:** This award recognizes a deserving freshman state legislator or municipal official who has clearly demonstrated exceptional contributions to nursing and health care.

**MNA Legislator of the Year Award:** This award recognizes a senior state or federal legislator who has clearly demonstrated exceptional contributions to nursing and health care.

The nomination deadline is June 15, 2005. ■



## MNA 2005-2006 legislative agenda: safe staffing & more

The Massachusetts Nurses Association was founded in 1903. It is the largest professional association for registered nurses in the state, third largest state association in the nation.

The MNA represents more than 22,000 registered nurses and health care professionals in more than 85 health care facilities.

The mission of the MNA is to:

- Preserve the identity, integrity, and continuity of nursing in the Commonwealth of Massachusetts
- Work for improvement and availability of health care services for all people
- Foster high standards of nursing practice, education, research and nursing administration
- Promote the professional development of nurses
- Advance the economic and general welfare of registered nurses
- Act and speak for registered nurses in Massachusetts

Our public policy agenda includes:

- Regulating minimum RN-to-patient ratios
- Developing and implementing nursing recruitment programs
- Prohibiting the substitution of RNs by Unlicensed Assisted Personnel
- Protecting the scope of nursing practice
- Advancement of the economic and general welfare of registered nurses

### Patient Safety/Quality of Care

**An act ensuring patient safety.** This legislation would require all Massachusetts hospitals to adhere to minimum registered nurse (RN)-to-patient ratios as a condition of licensure by DPH. The filing of the legislation follows the release of prominent research studies and reports that clearly demonstrate that safe RN staffing produces dramatic cuts in patient mortality and is a key element in stemming the flood of RNs from Massachusetts hospitals.

A recent study in the *Journal of the American Medical Association (JAMA)* shows that for each additional patient assigned to an RN there is a 7 percent increase in the likelihood of death within 30 days from a complication not present upon admission to the hospital. The difference between 4 to 6 and 4 to 8 patients per nurse is accompanied by 14 percent and 31 percent increases in mortality respectively. It is common for RNs in Massachusetts to be assigned six, eight, and even up to 10 patients on a given shift, placing thousands of patients at risk for serious complications and death.

The scientific evidence is clear and overwhelming: when nurses have too many patients, patients' safety is in jeopardy. The evidence also makes clear that poor staffing conditions in Massachusetts hospitals have caused and are exacerbated by a growing shortage of nurses willing to work in hospitals," said MNA President Karen Higgins, RN. "Passage of this legislation is key to improving care for our patients and to creating conditions that will retain and recruit the nurses we need to provide safe patient care."

Nurses are not alone in their desire for minimum RN-to-patient ratios. Support among the public for this legislation is strong in Massachusetts. A poll of Massachusetts residents found that more than 75 percent of the public supports legislation regulating RN-to-patient ratios. *Lead sponsors: Rep. Christine Canavan, RN, Brockton; Sen. Marc Pacheco, Taunton*

**An act relative to a patient's report card of nursing.** When nurses advocate for improvements in staffing and changes in skill mix ratios to improve patient care, the industry claims there is not data to support these claims. If this data is collected, facilities have no legal obligation to share it with policy makers or the public. This bill would mandate that all hospitals, clinics, long term care facilities and HMOs track and report to the public annual data regarding staffing levels and skill mix ratios; as well as nurse-sensitive patient outcomes, such as patient falls, nosocomio infections, bedsores, patient satisfaction and medical errors, readmission rates and length of stay. *Lead sponsor: Rep. Cory Atkins, Concord*

**An act to ensure safe medication administration.** This bill would amend the Controlled Substances Act (Chapter 94C) by mandating that only licensed professionals may administer Schedule II - VI medications, thus clarifying and strengthening Chapter 94C. It would reverse regulatory changes which teach and mandate unlicensed direct care personnel to administer all schedules of medications in group home settings, after only a 16 hour course and state certification. Those who can self administer, have family or have personal care attendants to aid with self administration are exempt from the requirements of this legislation. It will also be structured to capture medication errors along with other systems, which collect this information. *Lead sponsor: Sen. Marc Pacheco, Taunton*

**An act relative to improvements in private duty nursing care for developmentally disabled children.** Because of poor compensation, and lack of appropriate training, there is serious shortage of nurses to provide home care to developmentally disabled children in the commonwealth. This bill would improve the care of children who are developmentally disabled and in need of home care services by creating a training program for the care of these children and a stable pool of qualified nurses. Further, the nurses would be employed by the state and would also be granted benefits and commensurate salaries in an attempt to decrease the rapid turnover of providers experienced by these families. *Lead sponsor: Sen. Steve Tolman, Brighton*

**An act relative to a nurse deputy commissioner at the Department of Public Health.** Nursing plays an essential and distinct role in the safe delivery of health care in the commonwealth. This bill would raise the profile of nurses in the health care policy-making apparatus, by establishing a director of nursing position, responsible for working with the commissioner to ensure that nursing-related issues are adequately monitored and considered as the department carries out

its mandate to protect the public health. *Lead sponsor: Sen. Pam Resor, Acton*

**An act relative to a registered nurse seat on the Public Health Council.** The Public Health Council has existed for decades. The role of the council currently is primarily to approve certificates of needs for health care facilities and new regulations in relation to health care delivery. There has never been a nursing position on the mostly consumer board. There are a number of physician positions. This bill would create a nursing position on this important council. *Lead sponsor: Sen. Richard Moore, Uxbridge*

**An act ensuring safe patient handling.** An increasing set of medical research identifies patient injuries, workplace injuries, career ending situations and increased costs to the health care system because of unsafe patient handling. This legislation sets the development and implementation of safe patient handling procedures and guideline. *Lead sponsor: Rep. Jennifer Callahan, RN, Sutton*

### Workplace/economic issues

**An act requiring health care employers to develop and implement programs to prevent workplace violence.** This bill would mandate a comprehensive workplace violence prevention program, along with counseling program for victims of workplace violence who work in the delivery of health care. It would also address the risk of violence and the appropriate retirement compensation for those professionals who care for these populations in public sector settings. *Lead sponsor: Sen. Jarrett Barrios, Cambridge*

**An act relative to assault and battery on health care providers.** The bills amends Massachusetts law to declare it a felony to assault any health care worker while such person is treating or transporting another. The crime shall be punished by imprisonment in the house of correction for not more than two and one-half years or by imprisonment in the state prison for not more than five years, or by a fine of not more than \$5,000, or by both such fine and imprisonment. *Lead sponsor: Rep. Michael Rodrigues, Westport*

**An Act relative to Group 4 for health care professionals.** This legislation would place those state employed health care professionals who work with violent or potentially violent populations in Group 4 for the purpose of their retirement. Group 4 recognizes state employees who work in dangerous situations. *Lead sponsor: Sen. Brian Joyce, Milton*

**An Act Relative to Group 2 Employees.** Elevates registered nurses and other health care professionals that are state employees to a "professional status" for the purposes of their retirement. They are currently considered "technical status" in the state system. *Lead sponsor: Rep. Edward Connolly, Everett*

**An Act Related To Interest Arbitration for Health Care Professionals.** Provides for the use of binding interest arbitration in the case of a collective bargaining impasse with the state. The purpose is to expedite the process, ensuring a fair and objective settlement to contract negotiations. *Lead sponsor: Sen. Thomas McGee, Lynn*

# MASSACHUSETTS NURSE

ISSN 0163-0784

USPS 326-050

**President:** Karen Higgins  
**Vice President:** Patricia Healy  
**Secretary:** Sandy Eaton  
**Treasurer:** Nora Watts

**Regional Council Directors, Labor:**  
 Region 1: Diane Michael, Irene Patch;  
 Region 2: Mary Marengo, Patricia Mayo;  
 Region 3: Tina Russell, vacant;  
 Region 4: vacant, vacant; Region 5: Nancy Gilman, Connie Hunter.

**Directors (At-Large/Labor):** Barbara "Cookie" Cook, Sandy Ellis, Denise Garlick, Barbara Norton, Beth Piknick, Elizabeth Sparks.

**Directors (At-Large/General):** Joanne Hill, Donna Kelly-Williams, Rick Lambos, Jim Moura, Sharon McCollum, Rosemary O'Brien, Jeanine Williams.

**Labor Program Member:** Beth Gray-Nix

**Executive Director:** Julie Pinkham  
**Managing Editor:** David Schildmeier  
**Editor:** Jen Johnson  
**Production Manager:** Erin M. Servaes  
**Photographer:** Amy Francis

**Mission Statement:** The *Massachusetts Nurse* will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the Commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

Published nine times annually, in January/February, March, April, May, June/July, August, September, October and November/December by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

Subscription price: \$20 per year  
 Foreign: \$28 per year  
 Single copy: \$3.00

Periodical postage paid at Canton, MA and additional mailing offices.

**Deadline:** Copy submitted for publication consideration must be received at MNA headquarters by the first day of the month prior to the month of publication. All submissions are subject to editing and none will be returned.

**Postmaster:** Send address corrections to Massachusetts Nurse, Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.

www.massnurses.org

**MNA**  
 MASSACHUSETTS NURSES ASSOCIATION





## Make safe staffing/quality patient care a reality

### Patient safety checklist: What you can do to help pass RN-to-patient ratio legislation

#### ✔ Write a personal handwritten letter to your representative and senator.

Of all the types of communication with your elected officials, personal handwritten letters probably have the greatest impact. Tell them why safe staffing is important for your patients' safety and what type of care you can provide when staffed appropriately.

For legislators' contact information or if you don't know who your legislator is, go to: <http://capwiz.com/massnurses/state/main/?state=MA>

#### ✔ Write a letter to the representative and senator who represent your hospital and have nurses from the bargaining unit sign it.

Join with other nurses from your bargaining unit and write a group letter. Have as many nurses as possible sign it. Be sure to have everyone include their name and address. Also, remember to make a copy of it before you mail it.

For legislators' contact information or if you don't know who your legislator is, go to: <http://capwiz.com/massnurses/state/main/?state=MA>

#### ✔ Spread the word!

Talk to members in your bargaining unit and other colleagues about becoming activists with the MNA. Ask them to write letters to their legislators and join you in signing the bargaining unit letter. Let other nurses know about opportunities to contact legislators, volunteer with campaigns, and make their voices heard. Encourage them to check the MNA Web site often to get updates. [www.massnurses.com](http://www.massnurses.com).

#### ✔ Hold a legislative briefing on Safe Staffing in your community.

A legislative briefing is a time for you and other RNs in your community to get together with local legislators and discuss the need for safe RN staffing. MNA staff will help you set up the briefing, contact legislators and provide background and training materials. For more information, please contact Kate at the MNA 781-830-5713, [kanderson@mnarn.org](mailto:kanderson@mnarn.org).

#### ✔ Meet with your legislators in the district.

Most legislators hold regular office hours in their communities. Call the legislator's state house office (State House main number 617-722-2000) to find out when and where office hours are held.

#### ✔ Write a letter to the editor.

Go to [www.massnurses.org](http://www.massnurses.org), click on the box that says "write to legislators" and follow the links to write a letter to the editor of your local paper—just click on the box that says "write a letter to the editor" and follow the links to personalize a sample letter and email it off. Encourage other RNs to do the same. The public trusts you—make your voice heard!

#### ✔ Buy an ad in your local paper.

MNA bargaining units have purchased ad space in local papers to educate the public about the importance of safe RN staffing. It will get the attention of the public, local legislators and the hospital administration. For sample ads, assistance, and more information, please contact David Schildmeier, 781-830-5717, [dschildmeier@mnarn.org](mailto:dschildmeier@mnarn.org).

#### ✔ Get support from non-nurses.

Do you belong to a parent/teacher organization (PTO), a church, a neighborhood group or a town or city committee? Arrange a time to present information on how RN staffing affects everyone.

- Invite your PTO to formally endorse the MNA legislation.
- Ask your town committee to pass a resolution supporting the Safe Staffing/Quality Patient Care legislation.
- Invite seniors in your community group to get more involved by contacting their legislators.

For more information or for materials, contact Jason at the MNA 781-830-5740 or [jsilva@mnarn.org](mailto:jsilva@mnarn.org).

#### ✔ Join the new MNA Email Network.

Often the MNA needs to communicate with members and legislators quickly about pending bills. Members of the Email Network will be called on to take action and communicate with legislators on important issues throughout the year. Go to: <http://capwiz.com/massnurses/mlm/>.

## Governor proposes near level funding for public health in FY06

Governor Romney released his budget proposal for FY2006 on Feb. 1, offering a \$23.2 billion spending plan and a proposal to cut the personal income tax rate from 5.3 percent to 5 percent. Funding for the Department of Public Health (DPH) would increase by 1 percent to \$416.1 million, compared to the current budget level of \$409.5 million.

The governor's budget includes significant increases for two DPH programs: the sexual assault nurse examiner's program would get a \$1 million (137 percent) increase, and spending for family health services would rise by \$1.3 million (19 percent). The proposal also creates a new pediatric sexual assault nurse examiner program, funded at \$1 million. The governor's proposal includes modest increases for DPH administration (7 percent), AIDS prevention and treatment (4 percent), public health hospital operations (5 percent), and a limited number of other programs.

Programs slated for cuts in the governor's FY06 plan include prostate cancer screening (75 percent cut, down to \$250,000), maintenance and repairs to public health hospitals (zero funded, compared to \$1.6 million in FY05), and the State Laboratory Institute (1 percent cut).

Substance abuse services also receive a 5 percent cut in the FY06 budget (down \$2.6 million, compared to the current level), but DPH officials point out that the governor also filed a supplemental budget request that includes \$9.2 million more for substance abuse services in FY05. The governor is reportedly supportive of substance abuse services but concerned about inequities in the federal system for augmenting state expenditures for substance abuse treatment.

Level or near-level funding for most DPH programs—including immunizations, school health services, community health centers, tobacco control, hepatitis C, breast cancer, teen pregnancy prevention, dental health services, and others—would translate into real cuts because of inflationary pressures and rising needs for services.

The governor's budget proposal does nothing to restore DPH funding cuts totaling \$123.9 million over the past four years. Adjusting for inflation, there has been a 27 percent decrease in public health funding since FY01, according to the Mass. Budget and Policy Center.

Romney's budget proposes to put all revenues from the national tobacco settlement into the general treasury in FY06. The state receives over \$700 million annually in tobacco settlement funds, but H.1 recommends level funding for tobacco control programs at just \$3.5 million. State spending for tobacco control programs totaled \$48 million just three years ago.

The governor's budget plan goes to the state Legislature for review and debate. A final state budget is usually in place by July. ■

## Kennedy calls for 'Medicare for all'

In a major address to the National Press Club on Jan. 12, Sen. Edward Kennedy (D-Mass) called for providing Medicare coverage to all Americans in the coming decade.

Kennedy called for the gradual expansion of Medicare to cover all citizens, beginning with those between ages 55 and 64 and for a guarantee of good health care to every young child in the first stage of a phased-in expansion of the program. The cost, he explained, would be funded through payroll taxes and general revenues and offset by savings through technology advances. The plan would allow residents to choose between enrollment in Medicare or paying a premium to join any of the private plans available in the federal employee health benefit program.

In his address, Kennedy described his vision for America as a progressive one, rooted in basic values of opportunity, fairness, tolerance and respect for each other. He cited health care for all as an example of what should be a basic human right in today's world.

For details on health coverage available to all federal employees, see: [www.opm.gov/insure/health/index.asp](http://www.opm.gov/insure/health/index.asp) ■

## ...Legislative

From Page 4

**An act to include certain municipal employees of the commonwealth in Group 2 of the contributory retirement system for public employees.** Elevates nurses in municipal employment from a technical position to a professional position for the purposes of retirement. *Lead sponsor: Rep. Timothy Toomey, Cambridge*

**An act relative to creating a difficult to manage unit within the Department of Mental Health.** This legislation creates a difficult to manage unit for women within the Department of Mental Health. The department currently has such a unit for men. *Lead sponsor: Rep. Patricia Haddad, Somerset*

### Nursing practice/profession

**An act regarding insurance equity for registered nurse first assistants.** Filed with the Association of Operating Room Nurses, Massachusetts Chapter One, this bill creates equity for RN first assistants with other paid providers of first assistant services. It prevents insurance companies from discriminating and refusing payment for first assistant services when they are provided by a registered nurse. *Lead sponsor: Rep. David Linsky, Natick*

**An act authorizing the sale of "RN" distinctive registration plates.** This bill would create an RN vanity license plate with directed funding to provide scholarships for nursing with an emphasis on attracting a diverse population to enter and advance in the nursing profession. *Lead sponsor: Rep. Brian Knuuttila, Gardner* ■

## Labor Department Bargaining Unit Updates

Following is a summary of the status of collective bargaining at MNA units, listed by Region.

### Region 1

#### Cooley Dickenson

Recently held a series of open meetings. Developing a proposal for negotiations. Vacation time an issue. Members with the lowest seniority having a problem getting vacation weeks in the summer.

#### Franklin Medical Center

Just beginning negotiations.

#### Noble Hospital

In negotiations.

#### Pittsfield Public Health

Recently suspended contract negotiations.

#### Providence Hospital

Working to complete anti-violence manual for placement on all units in the hospital.

### Region 2

#### St. Vincent's Hospital

Gathering information and preparing for negotiations in the fall.

#### UMass Memorial Campus

Have had 14 negotiating sessions on the second contract.

#### Wachusett School Nurses

Finalizing proposals, beginning negotiations.

#### Worcester Public Health

Contract expired June 2003. City will not consider any wage increases unless RNs accept health insurance takeaways – increasing premiums and co-pays. City is requiring RNs to agree to takeaways without knowing the wage proposal. The bargaining unit will participate in actions organized by other city unions and will visit legislators, etc.

#### Worcester School Nurses

In negotiations.

### Region 3

#### Brockton VNA

Starting bargaining. Tons of participation by RNs in proposal writing process/bargaining team.

#### Good Samaritan

The nurses and health care professionals at Caritas Good Samaritan Medical Center recently ratified a new two-year contract. Two-thirds of the bargaining unit voted to affirm the hard work of the bargaining committee. The committee represented a variety of professionals including RNs, pharmacists, physical therapists, social workers and medical technologists. A large and hard working group, the committee worked through the different interests of the group to arrive at a fair and equitable settlement. New leaders emerged while experienced negotiators helped to guide the committee forward and avoid certain pitfalls from the past.

The committee set three goals at the beginning. The team was only interested in a two-year contract, coming off of a three-year deal that left nurses' wages lagging far behind their counterparts in the greater

Brockton area. The team knew that a wage settlement had to include fairness for the group as a whole, while acknowledging that certain titles needed additional attention, due to the changing market salaries. Finally, the team wanted to make sure that any member at the top of the pay schedule for at least one year move to any additional added steps on the same date.

The final settlement included across-the-board increases of 8 percent over two years, added a new 3 percent step in the second year for pharmacists and care coordinators and created two new steps for RNs. All members who were at the top of the pay schedule will move to their new steps on a common date and not on their anniversary dates.



Top pay for a nurse climbed from \$33.73 to \$39.01 during the life of the contract.

The agreement also included a new weekend package and formation of an insurance advisory committee. The committee will include the chief operating officer on the management side and will provide an opportunity for union input into insurance decisions before they are completed.

The committee employed a newsletter to keep members informed throughout the bargaining process. Beginning in March, 10 newsletters have been produced and distributed. The feedback to the committee is all positive, with members both informed about and involved in the union. As the unit prepares for its annual meeting in October, volunteers for the officers and committees are at an all time high.

First time bargaining team member, Karen Gavigan, R.N., had this to say about negotiations. "We achieved our goals. The committee developed an excellent relationship with each other. Representatives of every department attended all the meetings and worked very hard to bring back the best contract for our members. With this group I think we accomplished a lot and I think we can make a difference for our future."

#### Martha's Vineyard Hospital

In re-opener negotiations on wages. New CEO wants to include other issues.

#### Tobey (Southcoast Hospital Group)

Settled a two-year agreement with a 6 percent increase and a wage re-opener after a year.

### Region 4

#### Gloucester School Nurses

In negotiations. Working for parity with teachers.

### Region 5

#### Boston VNA

New contract with a strong joint safety committee and a strong revised weekend program.

#### Brigham & Women's Hospital

A labor/management meeting was slated for Feb. 8 to discuss the increased number of unsafe staffing forms, the hospital's response to the forms, staffing issues in general and issues relating to the new MICU. Consent-to-serve forms will be sent out soon for the upcoming election for new MNA committee members. The contract is being finalized and will be mailed to members as soon as it is printed.

#### Cambridge Hospital

"I am delighted with the vote, and I believe that it reflects the member driven contract which the negotiating committee worked so hard at achieving!"

This is how Donna Kelly Williams, chapter chairperson, described the recent unanimous ratification vote for a two year contract with Cambridge Hospital. A huge turnout of nurses cast their vote of support for the efforts of their bargaining committee.

When asked about the contract negotiating process, Kelly Williams stated, "The membership input throughout the 43 all-day bargaining sessions was the driving force behind this successful contract effort. After each day of negotiations, the bargaining committee would meet with the members to get feedback and direction. They were fully informed throughout the process."

The bargaining team was made up of newer nurses and senior nurses with many years of dedicated service at Cambridge Hospital. For some of the team, this was their first bargaining experience. The team truly represented all of the interests of the bargaining unit, from specialty areas to midwives to school health nurses. The team worked hard to speak for all of the nurses covered by the contract and each member brought insight and expertise that helped to make the bargaining process better and more representative of the members as a whole.

Kelly Williams is hopeful this new union spirit will carry on into local chapter elections, scheduled for this fall.

"It is my hope and desire that new members become involved in the MNA, and that we give them the support and information so that they provide effective representation for the nurses at Cambridge Hospital," she said.

A MNA training for nurse representatives will be held in late October to provide nurses with the foundation to become knowledgeable union representatives. The new activism exhibited throughout almost two years of bargaining will continue to make nurses a strong and respected voice at Cambridge Hospital.

#### Caritas Norwood

Some anxiety within the facility about the future of the hospital and Caritas Christi.

#### Dana Farber

Gathering information, setting priorities and beginning negotiations.

#### Dialysis Clinics, Inc.

Negotiations are being conducted jointly with New England Medical Center concerning non-economic issues.

#### Faulkner

Working with the hospital to implement landmark floating language. Devised competencies to administer to RNs. RN will be required to float if not received competency.

#### Harvard Vanguard

Working with midwives on grievances. Gathering information and preparing for negotiations. Election of officers soon. Reviewing and rewriting bylaws. HVMA is setting up an admissions unit where new patients will be processed before going to floors. Difficult wage re-opener negotiations, exacerbated by management's disparate treatment of nurses

#### Jewish Memorial Hospital

Jewish Memorial Hospital & Rehabilitation Center (JMH) is alive and well and hopefully will be for a long time. We are a greater Boston hospital dealing with all of the financial issues that beset most of healthcare today. Our administration is working hard to keep us open as they believe the hospital is worth saving. The loyal, hard working employees of JMH couldn't agree more.

In spite of the financial crunch we have negotiated a 3 percent increase for all RNs over the last three years of our contract, which expired in December 2004. The negotiation also included an increase in charge pay to \$1.50/hr. In addition, we converted our defined benefit pension plan to a contributory 401K plan. Any vested RN who leaves JMH can take the full amount of her/his defined benefit plan with them. The new plan has higher hospital contributions for senior RNs as well. The MNA leadership committee is currently engaged in negotiations for a successor to the 2004 contract. This is the pivotal financial year for the hospital and both sides are proceeding cautiously.

The MNA committee continues to file grievances when appropriate. Recently we satisfactorily settled an issue regarding RNs being paid for sick days taken around holidays.

I would like to give credit and thanks to the other hard working members of my MNA committee: Gloria Chen Jackson, RN, Jeanne Foye, RN, Rae Basle, RN and Emmie Grenada, RN. Stephanie Francis, RN, MNA associate director assists us in our efforts at JMH.

#### Medford School Nurses

Settled new contract thereby adding three additional step increases.

#### New England Medical Center

Contract negotiations began Jan. 25. Staffing issues are being addressed in frequent labor/management meetings. A new newsletter is being sent out periodically to keep the bargaining unit updated.

#### Newton-Wellesley

In bargaining. Have held 10 all-day sessions since September. Major issues still on the table include wages, benefits, on-call, charge RN assignments, retiree medical and pension. The bargaining unit will plan actions including buttons, visiting with legislators and meeting with the press.

#### Quincy Medical Center

Recently ratified two-year contract. Pay increase 4 percent each year retroactive to November 2004. Improved floating and other language. Created new 403(b) pension program.

## Labor Department: Educating Our Members

### Dealing with the dangers of shift work

By Joe Twarog

Associate Director of Labor Education

What does the following list have in common?

- *The nuclear accidents at Three Mile Island (1979) and at Chernobyl (1986).*
- *Increased risk (by 35 percent) of developing colorectal cancer.*
- *High incidence of drowsy-driving accidents.*
- *The Union Carbide chemical accident in Bhopal, India (1984).*
- *Increased risk of infertility, cardiovascular illness, diabetes and gastrointestinal disorders.*
- *Increased social difficulties including, irritability, impatience, anxiety and depression.*
- *An estimated financial loss to Americans of at least \$100 billion per year due to lost productivity, medical expenses, sick leave, and property and environmental damage. (National Sleep Foundation)*
- *The Exxon Valdez oil spill in Alaska of 1989.*
- *The shuttle Challenger NASA flight managers and the decision to launch the 1986 flight despite concerns over the O-rings.*
- *The Titanic hitting the iceberg!*

All of these events, risks, consequences or behaviors are directly related to night shift work, fatigue and sleep deprivation. The accidents at Bhopal, Three Mile Island, Chernobyl and the Titanic all occurred during the "grave yard shift"—11 p.m. to 7 a.m.

#### The problem

Many clinical studies have been done to identify the hazards of working either rotating shifts, extended work shifts or the night shift. All have concluded there are serious consequences involved for the work as well as the worker. In addition to the above list, studies in recent years have pointed to:

- an increase in breast cancer among nurses who worked rotating night shifts for 30 or more years (Harvard's Nurses' Health Study);
- an increased risk of coronary heart disease of 21 percent for nurses working less than six years' rotating shifts (at least three nights per month) and 51 percent for those working more than six years;
- approximately 95 percent of night nurses working 12 hour shifts report having had an auto accident or near-miss while driving home from work;
- rotating shift work is associated with low birth weight and spontaneous abortion.

While the human body performs at peak performance during the day, the biological clock (circadian rhythms) drops to its low point during the night — usually a time meant for rest. But those who work the night shift have to reverse this cycle and operate at top performance as the body struggles to adjust. Rotating shifts create the most severe problems as adjustment is not possible.

Night shift workers generally get 1.5 hours less sleep than workers who work day shifts. And the sleep that night shift workers get is during the daytime, when the body rhythms are geared up for activity. This is often light sleep and unsatisfying, leading to general fatigue even following the sleep period.

Yet hospitals are 24-hour operations and the off-shift work is a reality that will always be an issue.

#### The union response to the issue

There are a number of areas that the union can focus on to address the issues and problems of working these shifts. They include:

**Differentials.** More pay in the form of a shift differential. This extra pay helps to make up for some of the physical and social disruption and has been the most common means of addressing the problem. The differential may act as an incentive for some nurses to opt to work the night shift as opposed to those who are less able to adapt to the off shift work. But a differential alone does not mitigate the real physiological problems of working these shifts.



Joe Twarog

The hospital should provide specific training on the hazards related to shift work. These trainings should also include guidelines and tips on how best to minimize the physical effects of these shifts.

**Meals and drinks.** Usually the hospital cafeterias close during off-shift hours. RNs are then limited in their options for obtaining food. Hospitals should make healthy food options available for employees on these shifts. Similarly, dehydration is another side effect of working long shifts or the night shift. Hospitals must make clean water available.

**Lighting and ventilation.** Well lit work areas with good ventilation signals the body that it is time to be awake and alert, rather than a time for rest.

**Fixed shifts.** As much as possible, the contract should minimize if not totally prohibit rotating shifts. The effects of shift rotation are the most difficult for the body to adjust to (if at all possible) and consequently the situation that will result in the worst outcomes.

**Transportation services.** Those nurses working the evening or nights shifts have the added concern of safety in transportation. Escorts can be negotiated for the nurse's safety as they move from their vehicle to the hospital. Additional clauses that could be negotiated: well lighted parking lots; and, reserved spaces for the off shifts to be able to park near the facility.

**Rotation speed and direction.** If shift rotation is unavoidable at the workplace, there are points that can be considered to reduce the impact of such rotations. According to the National Institute for Occupational Safety and Health (NIOSH) adapting to shift changes can be affected by the speed of the rotation and the direction of the rotation. The studies have mixed results regarding the speed of shift, but rapid changes (two days per shift) seem to be the most harmful. However, research clearly suggests it is better for a forward rotation (clockwise, or following the sun) of shift

changes. This forward direction is healthier for allowing the body to adjust to new sleep times. Backward rotations force the body to adapt against the body rhythm by forcing sleep earlier and earlier.

**Rest breaks.** NIOSH points out that card dealers in casinos get a 10 to 15 minute break each hour because their jobs require so much concentration and the casino wants to avoid losing money to players taking advantage of the dealer's fatigue. It would follow that health care workers should be accorded a similar allowance given that they are dealing with patients' health and well-being. Negotiating more break time and even nap time for off-shift workers is an area that could be explored. "Studies show that napping at work is especially effective for workers who need to maintain a high degree of alertness, attention to detail, and who must make quick decisions." (National Sleep Foundation)

*The Wall Street Journal* recently reported (Jan. 24, 2005) among the many perks now being offered by some companies include nap rooms (among other perks as massage therapists, live music performances, day care centers, yoga lessons and other creative benefits). The Journal article stated, "Things like nap rooms and massage recliners... can boost productivity when there are older workers with sore backs, or young parents with sometimes sleepless nights. (But) companies trying them say they can be done simply and inexpensively, and that they produce better morale, increased motivation and less stress."

**Flexible work schedules.** Experiment with flexible work schedules jointly through a negotiated arrangement. The parties could try reducing other job requirements as a trade-off for working the off shifts, such as a reduction of weekends and/or holidays required to be worked.

#### Conclusion

It is important to recognize the hazards associated with night shift, rotating shift and extended hours of work—both in impact on judgment and performance at the workplace and for the well-being of the nurse involved. Then it is incumbent to attempt to minimize and manage the effects of fatigue and sleep deprivation. A creative and aggressive approach to the problem can qualitatively change the workplace as well as the stresses and attitudes associated with these shifts. The union plays that critical role of recognizing and defining the problem and then finding solutions. ■

## MNA Regional Trainings

### "Member Mobilization"

Organizing at the Worksite  
and Activating the Membership

- |          |   |
|----------|---|
| Region 1 | Monday, March 14, 2005<br>Region 1 Office, 243 King St., Northampton  |
| Region 2 | Tuesday, March 8, 2005<br>Region 2 Office, 193 W. Boylston St., Suite E<br>W. Boylston (Attendance limited to 15 per session) |
| Region 3 | Tuesday, April 26, 2005<br>Region 3 Office, 449 Route 130, Sandwich   |

All programs will run from 12 noon to 2:30 p.m. and 6 to 8:30 p.m. The same program will be presented at noon and 6 p.m. to accommodate participants from various shifts. A meal will be provided at the training.

All MNA members are welcome and encouraged to attend!

Please register at least one week in advance by contacting  
Joe Twarog at the MNA office at 800-882-2056, x757

### Wanted: bargaining unit to do a study to document effect of work hours on health & safety

By Evie Bain

Recently, a representative of a company called Circadian visited MNA to discuss the issue of shift work, work hours and overtime in relation to safety and health for nurses.

The company has done work nationally and internationally to show employers how work related injuries, absenteeism and personal health and well-being are affected by shift work and work hours. Their work often results in changes to work schedules that are beneficial to employers and employees alike.

Circadian is interested in doing such a study with nurses and has offered to work with an MNA unit, at no charge, to develop and complete such a study.

Anyone interested can contact Evie Bain in the health and safety program. ■

## Unsafe staffing forms—a tool to improve patient care and protect your practice

By Cece Buckley

Maintaining and enforcing staffing guidelines continues to be one of the most challenging and frustrating issues we face as RNs. Our safe staffing legislation to mandate safe patient ratios was refiled this year and will hopefully become law in this next legislative session, but until it does we will need to continue to utilize all our contractual and professional resources as we maintain our efforts to guarantee safe registered nurse staffing levels at all times.

No unsafe staffing assignment should go undocumented. A critical element in documenting unsafe situations is the completion and submission of unsafe staffing forms. Below we have tried to provide answers to some of the most commonly asked questions and concerns posed by nurses in regards to our unsafe staffing forms.

- **Why should I fill out unsafe staffing forms?**

1. It is the best means of documenting unsafe working conditions for management.
2. It may be the single piece of evidence that could save your license to practice, if something was to happen to one of your patients on the shift you worked where staffing was unsafe.

- **How will documenting on these forms protect my license?**

The Board of Registration of Nursing (BORN), and the civil court hold individual nurses accountable for the safety of their patients. In the event a patient is harmed due to the care on your shift and you are sued or brought before the Nursing Board in relation to your care, an unsafe staffing form provides documented evidence that you were working under duress, that you took responsibility to notify your supervisor of your objection to these conditions and what actions if any were taken to support you. This evidence might prove extremely valuable in the defense of your license. *When you consider the benefits, unsafe staffing reports are not a senseless chore, they are your most powerful tool and your best defense.*

- **What is an unsafe assignment? At our hospital, we have staffing grids that say how many patients to RN's we should have on each shift. Does that mean our assignments are always safe when we have the number of patients allotted on the grid?**

As registered nurses we are obligated to protect the safety of our patients and are legally responsible in the eyes of the BORN. An unsafe assignment is anything that you, the assigned RN, judge to be unsafe. It is your license. When in doubt, talk to your most senior experienced colleagues and solicit their help in evaluating your situation.

In response to the second question related to the number of patients per nurse, patient acuity must be taken into account in making out patient assignments. For example, if the grid says you should have five patients on the day shift but one of your surgical patients requires dressing changes every two hours, it may not be safe for you to have five patients. The assignment should be adjusted to reflect the recognition of the time required to afford that the nurse can provide adequately for the needs of her/his patients. In any unsafe

assignment situation you should approach your supervisor/manager and insist that she adjust your assignment.

- **If I fill out the unsafe staffing forms is it something bad against my manager?**

No. Filling out unsafe staffing forms is an objection to an unsafe situation that puts both the patients and the nurse at risk. As a registered nurse you have the responsibility to give the best possible care to your patients and can legally be held accountable for your actions in providing that care. Your manager is responsible and accountable for providing safe staffing on all shifts. Again, your submitting an unsafe staffing form in a given situation is your best legal protection, even in situations where you believe that the circumstances are beyond the control of your manager.

- **I am afraid that my manager will be angry if I file a staffing objection and make my life at work difficult, perhaps denying my time off requests or giving me less-desirable assignments and shifts.**

Such actions by a manager are inappropriate as well as violations of both our contract and the National Labor Relations Act. Your actions are "protected activities," that is they are protected under labor law. Be assured that your union is firmly behind you in aggressively protecting your rights. If you feel that your manager is trying to intimidate or dissuade you in any way please contact an MNA committee leader; you do not have take this on alone.

- **I never have time to fill out the forms; do I have to fill it out that shift?**

You want to do it when it's fresh in your memory. If you do not fill out the form that shift take notes on who you spoke to and what was done to improve your unsafe assignment.

- **What happens to the completed unsafe staffing forms?**

There have been numerous occasions over the last few years when these forms have identified a problem and when brought to management's attention by us the problem was fixed. At St. Elizabeth's Medical Center we are engaged in a six-month trial, where these forms will be an integral part of how we hold CSEMC accountable to address and remedy unsafe staffing situations. Managers will be required to provide a detailed explanation of all efforts they made to remediate your objection. And the objections and management responses will be discussed monthly at our regular labor/management meetings. At all MNA bargaining units a copy of the form is sent to the MNA staff rep, who, along with your union representatives, share these forms with management at regular labor management meetings. A copy also goes to management.

- **What do I do with the forms after I fill them out?**

Always keep a copy for yourself and put it in a safe place. (These forms have been known to disappear.) Give your manager a copy and a copy should go to MNA at 781-821-4445. Together we can make sure our patients and our licenses are always safe.

*Cece Buckley is co-chair of the MNA local bargaining unit at Caritas St. Elizabeth's Medical Center.*

Massachusetts Nurses Association • 340 Turnpike St. • Canton, MA • 02021 • Tel: 781-821-4625 • Fax: 781-821-4445

### Objection and Documentation of Unsafe Staffing/Unsatisfactory Patient Care

Please type or apply pressure when writing

I, \_\_\_\_\_ a \_\_\_\_\_

[NAME]

[TITLE]

employed at \_\_\_\_\_ on \_\_\_\_\_

[HOSPITAL/AGENCY/FACILITY]

[SHIFT & DATE]

[UNIT]

hereby object to the assignment as:

- Charge Nurse       Staff Nurse       Team Leader  
 Primary Nurse       Team Member/Patient Care Assignment       Other \_\_\_\_\_

based upon the following grounds (check one Main Heading) :

- Floating to another unit     Forced overtime     Inadequate staffing with typical patient census     4. heightened patient acuity

Subheadings (check all that apply):

- a. Not oriented to unit  
 b. Not trained or experienced within the last year in area of assigned practice  
 c. Given an assignment which poses a serious threat to my health and safety  
 d. Given an assignment which poses a serious threat to the safety and well-being of my patients  
 e. Case load assignment is excessive and interferes with delivery of safe and adequate care  
 f. Transferred, discharged, or admitted new patients to unit without adequate staff  
 g. Improper use of nurse substitute  
 h. Not given appropriate staff for census:  
 inappropriate number of temp. professional personnel  
 inappropriate number of unlicensed personnel  
 inappropriate number of professional staff  
 not provided with unit clerk  
 other (specify): \_\_\_\_\_

Staffing count at time of objection

	Regular	Float/Casual	Temporary Pool	Needed Staff to Provide Patient Care	Minimum Staffing Quotas as Set by Administration
RN					
LPN					
Ancillary					
Ward					

Clerk:  Yes  No

Patient census at time of objection: \_\_\_\_\_ Unit capacity: \_\_\_\_\_ Acuity (amt. of nursing care required):  Hi  Ave.  Lo

Brief statement of problem (optional): \_\_\_\_\_

Supervisor(s) notified: \_\_\_\_\_ Time \_\_\_\_\_ Response \_\_\_\_\_

Physician(s) notified (if necessary): \_\_\_\_\_ Time \_\_\_\_\_ Response \_\_\_\_\_

I believe the situation described above is unsafe. I will continue to provide the best professional nursing care possible in this situation. However, I decline to accept any legal responsibility for any untoward events that may occur as a result of unsafe staffing by the hospital/agency/facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

White – Employee      Canary – Massachusetts Nurses Association      Pink – VP Nursing/DON/Administrator

## Fighting for victory—it's your decision

Each and every day we are faced with difficult decisions. Often they have to do with the care we provide our patients. At times they have to do with what may be an unsafe working condition with a potential direct affect on us.

When faced with such a situation our natural reaction is to go to our supervisor and look for direction. Because we work in health care it is natural to think this is the type of problem we can work out. That is often not the case. We have found that in many cases the supervisor will say the condition is really not unsafe. Too often the nurse will drop the complaint at this point.

There are alternatives and they all start with your MNA officers and representatives. All of our representatives can go to bat for you. Here at MNA we can help you to determine some of the principal elements surrounding unsafe working conditions or potential hazard. MNA can bring information to you and your employer on how to control and prevent the working condition from becoming worse.

You have the following options:

- 1) Ask your MNA representative to speak with the administration and try to settle the issue informally.
- 2) Consult with the MNA representative and the MNA health and safety staff for information that would help your position.
- 3) Through the MNA seek the advice and counsel of an expert outside attorney.
- 4) Consult with your MNA representative about calling in the Occupational Safety and Health Administration (OSHA) to investigate.
- 5) File a formal grievance and request a hearing.
- 6) File a stress-related Workmen's Compensation claim if it applies.

I am sorry to say that in some cases nurses have decided to resign their position when faced with an unsafe condition. It doesn't have to be this way. You have many options when faced with such a situation. The MNA has a very active Health and Safety Program that works closely with OSHA and is here to serve you. Take advantage if it. When faced with such a problem remember, you have options. ■

# Hundreds attend third annual Chairs Assembly

Key issues discussed include member mobilization



Cece Buckley, MNA Board member



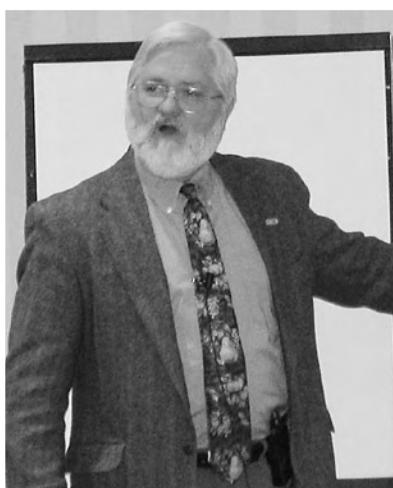
Ann Driscoll, Boston Medical Center



Barbara Cook, Brockton Hospital



The recent Third Annual Chairs Summit provided an opportunity for local leaders to socialize and participate in a training session on member mobilization. On Jan. 26, members attended a meet and greet event to share stories, strategies and a few laughs. The Jan. 27 program began with an informative lecture by Alan McDonald, Esq. on by-law basics and how to conduct unit elections. Joe Twarog, MNA Associate Director of Labor Education, provided training on member mobilization. Local leaders and MNA staff also had the opportunity that day to devise a mobilization strategy to deal with several anti-union activities at their workplaces.



Joe Twarog, MNA associate director of labor education



Alan McDonald, Esq.



## So you think it's safe at work? Notes from the Congress on Health and Safety

### The environmental connection for health and safety

By Evie Bain

The MNA Congress on Health and Safety has maintained a relationship with the Alliance for a Healthy Tomorrow (AHT) since its inception several years ago. Many of the issues that AHT addresses; toxics use reduction, substituting less toxic environmental cleaning products, eliminating products containing mercury and pesticide use reduction, directly and indirectly impact the health and well being of nurses, their families and their patients.

The legislative agenda for AHT is outlined below.

The MNA Congress on Health and Safety supports this legislation and urges MNA members to become familiar with it and to follow information on the MNA Web site, [www.massnurses.org](http://www.massnurses.org), the AHT Web site [www.healthytomorrow.org](http://www.healthytomorrow.org) as well as the Massachusetts Breast Cancer Coalition (MBCC) Web site [www.mbcc.org](http://www.mbcc.org).

Consult these Web sites frequently for opportunities to actively participate in educating others, testify at legislative hearings and call your legislators about how these issues impact your health and the health of others.

Most importantly, the valuable information provided by both AHT and MBCC can be used to protect your health and the health of those you love and care for.

#### Alliance for a Healthy Tomorrow

The Alliance for a Healthy Tomorrow is a coalition of citizens, scientists, health professionals, workers, and educators seeking preventive action on toxic hazards. Our goal is to correct fundamental flaws in government policies that *allow harm* to our health and environment. We will create proactive policies to *prevent harm* before the damage is done and to choose the safest alternatives. We invite you to be a part of this critical effort.

We understand that the world cannot

be "risk-free," but we know there are safer alternatives to many toxic technologies and products in use today. Industrial progress has brought us many advantages, but we can make even further progress toward a healthier environment. Currently, we are supporting three key pieces of legislation as well as launching a campaign asking Governor Romney to issue an executive order requiring the substitution of certain chemicals found in hundreds of toys, cleaning products, cosmetics and pesticides.

#### Legislative priorities 2005

##### An act for a healthy massachusetts: safer alternatives to toxic chemicals

*Sponsors:* Sen. Steven Tolman, Rep. Jay Kaufman

*Purpose:* Protect our health and develop a healthy economy.

Scientific evidence increasingly indicates a wide array of toxic chemicals in our everyday lives are contributing to an epidemic of chronic disease and disorders, including: asthma, birth defects, cancers, developmental disabilities, diabetes, endometriosis, infertility, Parkinson's disease, and others. Yet many of these toxic chemicals can be replaced with safer alternatives. The Safer Alternatives bill establishes a unique program to promote these alternatives, thus helping to protect our health.

Choosing safer alternatives will not only help prevent widespread suffering, it will also reduce the burden on our economy of preventable high health care and special education costs and lost productivity. Innovative industries and green chemistry can create the safer products and sustainable jobs that are increasingly demanded in today's economy. The European Union and other countries have already adopted more health protective requirements for products and over 37 percent of Massachusetts trade is with the European Union's member states. This Safer Alternatives program

will assist Massachusetts businesses in competing in the global marketplace.

##### An act to reduce asthma by using safer alternatives to cleaning products

*Sponsors:* Rep. Frank Smizik, Sen. Dianne Wilkerson

*Purpose:* The purpose of this bill is to reduce asthma and other health threats from emissions of toxic chemicals from cleaning products used in schools, hospitals and other health care facilities, day care centers, public buildings, and public housing.

*Safer alternatives to many toxic chemicals already exist. Innovation to implement alternatives can make our workplaces and communities safer.*

##### An act relative to safer alternatives for mercury-containing products

*Sponsors:* Sen. Susan Tucker, Rep. Douglas Petersen

*Purpose:* Passage of this bill supports the regional strategy, set by all New England Governors, to reduce mercury emissions 75 percent by 2010 and for eventual zero mercury emissions in New England. Similar legislation has been enacted in Maine (2003), Rhode Island (2001) and Connecticut (2002).

##### Safer Mass. executive order

The central concept of this executive order is to enforce existing regulations that could replace toxic chemicals with safer alternatives wherever feasible. The concept of safer alternatives, often referred to as "the substitution principle," is a proactive process to replace identified dangerous environmental exposures with existing safer alternatives rather than to react to the damages that result from these toxic

exposures—measures that can be taken to make our lives safer now.

The good news is that safer alternatives to many toxic chemicals already exist and that innovation to implement safer alternatives can make our workplaces and communities safer, can create savings in health care and special education costs, and strengthen the competitiveness of our economy all at the same time.

We call for substitution policies to be implemented in three areas:

- Consumer products through existing Department of Public Health regulations.
- Industry through full implementation of the Toxics Use Reduction Act.
- State agency purchasing standards for healthier cleaning products and integrated pest management to eliminate the use of pesticides.

#### Safer products

The scientific evidence is overwhelming that common ingredients in consumer products are linked to human illness and disabilities. Yet, consumer products remain a largely unregulated route of exposure to toxic chemicals. Based on research on toxic chemicals in products, existing state statutes, and policies adopted in other states or countries, we propose that the Department of Public Health take regulatory action to protect public health from toxic chemicals in cosmetics, pesticide products, and polyvinyl chloride (PVC) products.

#### Substitution in industry

While the Toxics Use Reduction Institute housed at UMass Lowell has been extremely successful at helping industries in the commonwealth to reduce the use and emission of toxic chemicals, often through substitution, many opportunities to replace toxic chemicals with proven safer alternatives have not been utilized. We propose the full implementation of the TURA law to reduce or eliminate the use of five of the high hazard chemicals identified by the TURA Science Advisory Board: Hexavalent Chromium, Formaldehyde, Lead, Trichloroethylene (TCE) and Perchloroethylene (Perc), through substituting safer alternatives.

#### Healthier state agency practices

State agencies' use of toxic chemicals puts both their employees and the public at risk. State agencies can build on their own model programs and adopt exemplary standards that favor healthier cleaning products and integrated pest management to eliminate the use of pesticides.

If you are not already a member of the Healthy Tomorrow network, sign up at [healthytomorrow.org](http://healthytomorrow.org). Your activism is instrumental to achieve success with this legislation and executive order. We have the power to achieve success and you are key to that victory. By actively joining our network, we will keep you posted on our progress and let you know when your voice will be most helpful as we work together towards a healthy tomorrow. ■

### MNA member fights to reduce back injuries for all nurses

By Chris Pontus

Beth Piknick has been an active member of MNA work groups. She has served on the Cabinet on Labor Relations, the MNA Board of Directors, the Congress on Health and Safety and now as the chairperson of the Safe Patient Handling Task Force.

Piknick's initial involvement with preventing back injuries for health care workers came about after she injured her back and was out of work for 2½ years. Her career as an ICU nurse is over and she can never do direct patient care again.

When she returned to work, she was employed with permanent restrictions in the employee health department of her facility. Piknick was then in a position to request a trial for various lifting devices throughout the facility. The assistant director of the department prepared a detailed account of the cost to the facility and consequently received approval to proceed with the trial. Based on staff preference of a particular lifting device, five more were purchased.

Piknick was able to bring her experiences



Beth Piknick

to the Congress on Health & Safety where she received additional feedback from other facilities. Evie Bain encouraged her to become involved in preparation of a textbook for publication regarding the impact of back injuries to health

care workers.

Piknick became involved with the task force after reading about legislation in California and in other countries and did not see why Massachusetts couldn't be in a leadership role regarding this type of legislation. Her hope is that the work she does with the Safe Patient Handling Task Force will raise awareness to help pass a bill entitled "An act relating to safe patient handling in certain health facilities." The bill, which would mandate safe lifting practices, was filed by

the MNA in early December 2004 for consideration during the up coming 2005-2006 Massachusetts legislative session.

"This bill has great importance," according to Piknick. "Its passage will mean that the onus will be on the facility to supply appropriate equipment to prevent injuries, some of which can be life altering or career-ending."

Piknick also pointed to the benefit that passage of "An act relating to safe patient handling in certain health facilities" might have on medical facilities.

"This legislation could not only prevent a lot of unnecessary suffering of staff, it could also save facilities money in the end," she said.

Piknick's involvement with this task force affords her the opportunity to attend a national conference on cutting-edge research, providing her with invaluable information and contacts. Finally, the task force is spearheading the passage of Safe Patient Legislation, which will positively affect all healthcare workers in every healthcare facility in the commonwealth. ■

## How health care sometimes hurts patients and the environment

By Evie Bain

At a recent meeting of A Health Tomorrow and The Massachusetts Breast Cancer Coalition, I had the pleasure to learn about The National Pediculosis Association and non-toxic alternatives to treating head lice.

### Individual toxicity

The chemicals in pesticides used in conventional treatment for head lice, can be absorbed through the skin and inhaled by both the child and the parent or whoever is applying the chemical. Pesticides accumulate in the body and build up to toxic levels over time, especially since many other products that are used frequently contain pesticides, i.e., sun screen products containing insect repellent or insect repellent itself (very toxic products indeed).

### Adverse reactions

Headache, nausea, confusion, dizziness are noted as immediate reactions to absorbed or inhaled pesticides. They are also associated with long term health consequences including certain cancers.

### Environmental toxicity

The chemicals in these products can also be found in ground water because they are not bio-degradable. They are in a class of chemicals known as bio-accumulative toxins or BAT's.

### Non-toxic alternatives exist

The National Pediculosis Association has a kit and a process called the Lice Meister and information about this product is available at its website [www.headlice.org](http://www.headlice.org). An asso-



Evelyn Bain

ciation fact sheet is reprinted at right.

Recently an MNA member, Cindy Juncker, lead school nurse in Gloucester, shared another non-toxic alternative that facilitates nit removal. She recommended: cover the hair and scalp liberally with olive oil, apply a shower cap and leave in place for six to eight hours, use a fine tooth comb to comb out the nits, wash the head using a clarifying shampoo and finally repeat this process every four days for a 21 day-cycle. Most important, according to Juncker, is manual removal of the nits from the hair shaft with fingernails. ■

### Health & Safety Contacts

For questions, comments or concerns related to health & safety issues, contact:

- **Evie Bain, MEd, RN, COHN-S**  
Associate Director/Coordinator,  
Health & Safety  
781-830-5776  
[eviebain@mnarn.org](mailto:eviebain@mnarn.org)
- **Christine Pontus, MS, RN,**  
**COHN-S/CCM**  
Associate Director, Health & Safety  
781-830-5754  
[cpontus@mnarn.org](mailto:cpontus@mnarn.org)

*No matter what you do...*

## Be Sure To Provide a Non-Chemical Choice For Children, Families, and Yourself!

**Why?** Because children of any age or size are vulnerable to the harmful effects of pesticides. They also often have pregnant or nursing mothers who should never be exposed to chemical treatments either by applying them to themselves or to others.

**Why?** Because too many people unfortunately overuse chemical agents out of fear and frustration without adequate warning of the risks to themselves and the environment.

**Why?** Because each of us has unique vulnerabilities. Pesticide products can accumulate in the human body and they are not necessarily washed away at the end of the treatment, as people would like to think.

**Why?** Because the overuse of lice products can predispose a person to adverse reactions with even one additional chemical exposure.

**Why?** Because it's not worth taking unnecessary risks when the bottom line will always be the manual removal of lice and nits.

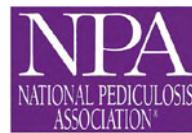
**Why?** Because none of the available chemical treatments are 100% effective and too many people are told to seek prescriptions after other treatments fail. Prescriptions become the most potentially harmful treatment of them all!

**Why?** Because pesticides pose a risk to all children, and none are more at risk than the growing number treated for illnesses and/or on medication.

**Why?** Because everyone needs a non-chemical way to screen and detect head lice early and remove them safely and effectively.

**Why?** "Cuz if you don't get 'em out, you've still got 'em!"™

**"Because it's not about lice, it's about kids.™"**



Serving the public since 1983

50 Kearney Road, Needham, MA 02494  
(781)449-NITS Fax (781)449-8129  
[www.headlice.org](http://www.headlice.org)

© NPA 2002

## ...Biosafety

From Page 1

Boston. The only way to avoid harm from an accidental or intentional plane crash into the facility is to remove it to a location where this occurrence would present a lesser threat.

In July 2004, I-93, the major transportation thoroughfare across Boston was closed during the Democratic National Convention out of just such a concern. Moreover, indications are the anthrax attack on this country in 2001 was birthed using anthrax specimens originating in a U.S. government facility.

### Competent staff/maintenance

In support of maximum safety and security, all individuals entering this facility in whatever capacity need to pass muster both with government agencies and with appropriate credentialing bodies. While those using and maintaining this laboratory need to be assessed as of the highest caliber, history shows there is still no guarantee that mistakes and security breaches will never occur.

The fact that this laboratory will be used as a teaching facility and that cost-containing impulses may lead to the employment (even on an ad hoc basis) of less than fully competent service and support personnel, causing staff to raise long-term concerns. As doors, units and biosafety cabinets are

opened and closed, the airflow system must remain balanced to ensure that the potentially contaminated air not enter open areas. All contaminated air is to exit through hepa filters. Failure to maintain such filters has had disastrous effects in the past. Preventative maintenance with on-board skilled staff is necessary to ensure all equipment is serviced and operating appropriately.

### Transparency

Will the exact nature of the organisms being studied or developed be open knowledge? With international cooperation at an all-time low and with long-standing treaties and covenants being abrogated, any military or proprietary secrecy would help create a climate of suspicion, possibly fostering a germ-warfare arms race.

The Ontario nursing community in the spring and summer of 2003 found official denial by both provincial and municipal officials to prolong and exacerbate the SARS outbreak it was mobilized to defeat. It is particularly alarming that Boston University failed to meet its legal requirements to disclose recent safety lapses and resulting harm to workers, and that subsequently, other regulatory agencies and public officials also failed to publicly disclose the potentially lethal outbreaks.

### Oversight

In a democracy, those affected by such a project have a right to know and object to potential threats to their well-being. The professional, technical and residential communities, and organs of government at all levels, need ongoing representation on all oversight committees. Private-citizen appointments to such bodies should be made from a list of nominees submitted by long-standing groups which are independent of Boston University and the federal government.

### Accountability

Boston University's spokespeople have asserted there will be a "number" of oversight committees, but the MNA's concern is there also be a single, ultimately accountable entity charged with the responsibility for planning and responding to an emergency or unexpected attack from or on the laboratory. Moreover, Massachusetts currently has no regulatory program for BSL-4 laboratories.

Massachusetts does have standards for other inherently dangerous facilities such as landfills and power plants as to where they might be sited, how the location decision is to be made, operations and maintenance requirements and other appropriate standards to protect the public health

and environment. Similar requirements are equally relevant and important for BSL-4 laboratories. The recent multiple failures to protect workers, to report incidents appropriately, and to provide accurate information in legal filings for the proposed laboratory have underscored the need for legislation to provide the accountability, and to protect the public health and common good.

Notwithstanding our strong opposition to this project, if policymakers ultimately decide to support construction of this facility at this site, it is imperative that a single responsible entity be identified and required to develop and communicate to the community a *safety plan* that outlines community response, protection and evacuation in the event of the accidental or deliberate release of any infectious organism or infectious substance and/or potentially infectious RNA or DNA material considered a biohazard. We would further request that members of the community participate in the development of that *safety plan*, and that there be quarterly review of both the plan and the status of the project.

Any risk/benefit analysis of this Level 4 laboratory-construction proposal must take into account the criteria associated with these principles. In situations such as these, it is prudent to err on the side of caution. ■

## Congress members share observations on issues of health and safety

By Evie Bain

The Congress on Health and Safety has been in place at the MNA since around 1999 but initiatives and committees to address health and safety predate the Congress by at least 10 years. As is usually the process that initiates change, more than 100 nurses were seriously affected by (poor) indoor air quality (IAQ) in the hospital where they worked. These MNA members recognized the need for activism and change related to the health and safety for themselves and fellow nurses. Their struggles and efforts planted the seeds from which the MNA's Health and Safety Program in the Nursing Department has grown.

The *Massachusetts Nurse*, January/February 2005, featured a research project on this courageous group of nurses and the continuing effects exposures have had on their health and livelihood.

The following are brief interviews with the current members of the Congress. These members are representative of all members and others who have worked with the Congress and its related task forces; Workplace Violence and Abuse Prevention, Emergency Preparedness and Safe Patient Handling since the early 1990's.

All MNA members are invited to attend Congress meetings which are held at MNA headquarters in Canton on the second Wednesday of each month at 6:30 p.m. Members who are interested but have not been elected often attend and contribute to the discussions or simply learn about what is happening to improve working conditions for nurses. Those interested in attending should contact Evie Bain, the staff support person for the Congress (contact information appears on the Health and Safety page). Those members living outside the immediate Canton area can participate in meetings from their own homes through a conference call format.

Currently there are two vacancies on the Congress.

In the following commentary, members have identified their areas of interest in working with the Congress.

### OSHA standards

Sandy LeBlanc is in her second term as chairperson of the Congress on Health and Safety. LeBlanc has been involved in many MNA Committees at the state level and in her local bargaining unit. She says her involvement in health and safety is "the simple, persistent, altruistic drive of nurses to make things better." She was encouraged to come and participate in a Congress meeting. After attending her first meeting, she was "in awe of the collective knowledge of the Congress members and staff" and immediately signed on.

LeBlanc feels she has instant access to information (OSHA standards, etc.) that answer and resolve her questions about health and safety at work. She believes this access saves her from getting bogged down in the process of looking for health and safety answers. LeBlanc says "usually, one call or e-mail to a health and safety program staff member gets the response I need." Those replies identify the OSHA standard or NIOSH guideline that addresses her concern.

On a personal agenda, LeBlanc plans to involve the Congress members and MNA staff in developing a position statement

addressing On-Call practices and how On-Call relates to unsafe working conditions for nurses and others.

### Hazard recognition

Terri Arthur has been involved with the Congress on Health and Safety since its inception in 1999. Arthur has served two terms as chairperson of the Congress and entered the Congress as a representative of the MNA Cabinet on Labor Relations.

Arthur believes that due to the multitude of hazardous conditions in healthcare, the industry remains as the last sweatshop in America. She knows nurses suffer from work related infectious diseases, musculoskeletal injuries and fatigue and stress related illness and injuries. While the solutions to these hazards are readily available most hospitals largely continue to ignore the preventive and protective measures.

Working on the Congress has provided her increased information and the ability to ascertain what is out there and where to find information and resources to correct these situations and ultimately solve problems. Arthur says "the Congress stacks your hands with information and resources to find solutions that are workable in the hospital environment."

### Toxic environmental cleaning agents

Mary Bellistri has a long history of concern about issues that affect nurse's health and safety at work. Mary is a member of both the Congress on Health and Safety and the Workplace Violence and Abuse Prevention Task Force.

Bellistri describes a health and safety issue where knowledge gained by being a Congress member came in handy.

Apparently a floor stripper was used in her hospital, causing an immediate reaction among nurses and patients alike. Two nurses were sent to the emergency room while other staff and patients experienced symptoms of dizziness, nausea and light headedness. She immediately wrote a letter describing the incident and then approached the nurses who experienced symptoms following the exposure. They all signed the letter and sent it to their nurse manager. The letter was then forwarded to nursing administration.

Bellistri and union representatives at her hospital contacted the MNA Health and Safety Program. They asked that the MNA go into their facility to address the concern about the use of certain environmental cleaning chemicals.

MNA and the union reps, along with Bellistri, developed a plan of action. The plan began by meeting with representatives from nursing administration, environmental services, the office of environmental health and safety along with an environmental health & safety consultant. This group held three meetings from January through May 2004. During that time the group reviewed health and safety concerns related to these cleaning chemicals, indoor air quality and operations. The review included facts about hospital floor care, product alternatives, selection process, scheduling, selection criteria, health effects, safety, availability, costs involved and ease of use. A new product was chosen, scheduled and results reported.

Said Bellistri, "Being a member of the Congress on Health and Safety is what

made the difference. I would not have been so pro-active; I would not have taken action. It is because of what I learned from others on the Congress. Intuitively, as nurses, we know these chemicals are not good for you or your patients. I became introduced to information about how cleaning chemicals, like wax and floor strippers can cause sensitization and make you sick." With knowledge obtained from working on the Congress, Bellistri observed, "The bottom line was how could I not do anything? How could I stand there and let the hazardous chemicals jeopardize my health and the health of those around me."

### Promoting health and safety in nursing journals

Gail Lenehan has also served on the Congress since its inception, acting as chairperson during one of her elected terms.

She said, "After I had a reaction to latex gloves at work, I called the MNA and spoke with the Associate Director in the newly created position of Health and Safety Specialist. I was so impressed with the responsiveness and immediate interest of not only Evie but the existing Health and Safety Committee I joined that impressive group of nurses and have been working with the Congress and on health and safety issues in general, ever since. Even in between my elected terms on the Congress, like others, I have continued to come to meetings and stay a part of one of the most admirable groups I have ever worked with.

"What I have learned from the Congress has been invaluable in helping me to inform the readers of a journal I am involved with, *The Journal of Emergency Nursing*. Evie and a number of nurses on the Congress have contributed excellent articles to that journal. In turn I have been able to share with editors of other journals what I have learned through the Congress, and in this way, the Congress has had an even more far reaching effect."

### Needlestick/sharps injury prevention

Liz O'Connor became interested in Health and Safety after many of her colleagues became ill from exposure to (poor) indoor air quality.

O'Connor has shared her knowledge with nursing colleagues and the medical interns where she works by looking at their practices related to needlestick injury prevention. She recalls in horror watching a medical resident dump a tray of contaminated sharps in a wastebasket. O'Connor addressed this dangerous practice with the resident's supervisor and corrective measures were instituted. She has also advocated for safe lifting devices, utilizing synthetic gloves to protect workers and patients from developing latex allergy and the resulting allergic reactions. Liz worked on committees within her hospital addressing these and other safety issues.

O'Connor has served as the MNA member representative to the Massachusetts Department of Public Health, Needlestick Injury (Prevention) Advisory Board, a board and position created by Massachusetts Legislature in 2000.

### Environmental health and safety

Kathy Sperrazza became interested in health and safety after becoming ill from work related exposures and observing other nurses who became sick and injured

on the job.

According to Sperrazza, the Congress is a great way to bring nurses interested in the health and safety of their colleagues and themselves together to identify what is really happening, how it can be addressed and how nurses can work collaboratively to change the culture that allows work related practices resulting in illnesses and injuries to continue.

"The research we are conducting through the Congress allows us to look at issues more closely. We need to discover what is causing nurses to become sick and injured and develop those interventions which will make health care as safe for workers as we expect it to be for patients," Sperrazza said.

Sperrazza participated in the meeting in 1997 that formalized Health Care Without Harm as an organization. Since that time, she has spoken at many meetings of state and local government as an advocate for Mercury reduction in hospitals and other healthcare and community settings. The mercury reduction campaign has been successful in Massachusetts and the MNA Congress on Health and Safety along with members' involvement with Health Care Without Harm have played significant roles as advocates for this change.

### Workers' compensation

Janet Butler joined the MNA and the Congress after attending the program at MNA sponsored by a Grant from the Massachusetts Department of Industrial Accidents, Applying OSHA to Healthcare Settings. Butler has worker safety and health and workers' compensation responsibilities at her job, working in a home health agency.

After joining the MNA, Butler was elected to the Congress in 2003. She appreciates the opportunities that evolve through the Congress, including member's involvement in the SEAK Workers' Compensation Conference each year on Cape Cod. Participation in this conference lets members expand their knowledge in specific areas of work related injuries and illnesses and issues related to workers' compensation insurance.

### Legislation to protect nurses and other health care workers

Michael D'Intinosanto is known to MNA members for his long term activism and involvement with the Congress on Legislation and Health Policy. D'Intinosanto has supported and promoted legislation on health and safety in that role. He has worked on needlestick injury prevention efforts, workplace violence prevention and accountability for perpetrators of workplace violence at the state house and in his work setting.

Through his involvement with the Congress on Health and Safety, D'Intinosanto has brought information on TB testing protocols to his workplace and his efforts have benefited both his co-workers and the clients with whom he works.

### Toxic environmental cleaning agents

Janet Reeves also became interested in health and safety after attending the program at MNA sponsored by a Grant from the Massachusetts Department of Industrial

## Is vinyl the best glove for your personal protection?

By Chris Pontus

We use gloves to protect us from a broad range of unsafe conditions found while working in health care, including but not limited to biological (bacterial and viral substances), chemotherapy drugs, sterilants and chemicals.

The objective of a work site hazard-assessment for glove use is to establish and document the known and anticipated hazards that workers can encounter when performing certain tasks. Information produced from a properly conducted hazard-assessment will enable the selection of appropriate gloves for each workers' tasks.

If you are given vinyl gloves to wear on the job, make sure they are designated by the manufacturer for the job task. When vinyl gloves are used in health care their utilization must be evaluated. Some hospitals choose to offer healthcare workers vinyl gloves as personal protective equipment (PPE) because of vinyl's low cost factor. However cost must not be the governing constraint for selection of PPE.

Heightened concerns exist for those work-

ing with biological hazards. For example, physical-barrier-protection as well as sensitivity and dexterity are key requirements when considering a glove choice. Thin disposable vinyl gloves are intended to minimize product contamination and use when handling food or working in a clean environment. Vinyl gloves do not offer the same degree of personal protection of a glove with superior "barrier performance."

Glove durability categories are rated from low to moderate and then high. The low durability glove (vinyl) is recommended by Kimberly-Clark to be used with tasks not involving: a) risk of infection, b) dispensing general medication, c) transportation of patients and specimen container(s), d) administering routine oral care and non-invasive general physical examinations.<sup>1</sup>

### MNA position

The MNA believes that, consistent with the Occupational Safety and Health Act (5)(a)(1) of 1970 (2), employers have a responsibility to provide a workplace free from recognized hazards that are causing or likely to cause



death or serious physical harm to employees.<sup>2</sup>

"The Massachusetts Nurses Association believes that patients, nurses, other health care professionals and staff should not be exposed and sensitized to natural rubber latex through dermal contact, mucosal contact, inhalation percutaneous contact or wound inoculation. There is no research data



to suggest that even low protein, low powder latex gloves are safe for use with latex allergic patients or staff. To the contrary, while low protein, low powder gloves may decrease the rate of sensitization, there is data and a growing number of compelling anecdotal reports to suggest that health care workers and patients can have serious reactions to latex gloves, regardless of the allergenicity and powder content."

To learn more about products with appropriate barrier protection for your specific tasks go to the "sustainable hospitals" Web site at [www.sustainablehospitals.org](http://www.sustainablehospitals.org). ■

<sup>1</sup>[www.kchealthcare.com/docs/In-UseBarrier\\_Sht.pdf](http://www.kchealthcare.com/docs/In-UseBarrier_Sht.pdf)

<sup>2</sup>MNA position statement on latex allergy.

## ...Congress

From Page 13

Accidents, Applying OSHA to Healthcare Settings. Then, at the urging of her local union president, she filed a consent to serve form and was elected to the Congress on Health and Safety.

Reeves felt the information she has learned about the adverse health effect of environmental cleaning agents on the health and safety of nurses and their patients has been one of most easily identified hazards in her work environment. One day at work she noticed the toxic floor wax that had been often discussed at Congress meetings was being liberally sprayed on the floor and into the air on the unit where she was working. The odor was pungent and the adverse health effects were immediate, in both workers and patients. Reeves brought the issue to the attention of her supervisor and after careful explanation of what she had learned, the process was stopped.

### Hazards of anti-neoplastic and other drugs

Mary Anne Dillon has long been an activist on issues of patient safety in her work setting. In 2003, she transferred her safety concerns to that of nurses and filed consent to serve form to stand for election to the Congress on Health and Safety.

Currently, Dillon is an MNA member representative to the OSHA/MNA/Mass. Division of Occupational Safety planning committee that is working to present educational seminars on preventing exposure to anti-neoplastic and other hazardous drugs. Dillon shared her enthusiasm and commitment to this project at a recent meeting of the group stating "History is being made in this project. Nurses health and safety is becoming a concern and protecting all healthcare workers is becoming a reality."

Members of the MNA Workplace Violence Task Force will be interviewed for the April issue of the *Massachusetts Nurse*. ■

## Hospital medical errors continue to draw media coverage

Two recent newspaper accounts of hospital struggles with medical errors:

*The Wall Street Journal* (January 12, 2005) examined hospitals' increasing use of "medication-checking protocol," which "too many" facilities lack, despite the potential for prescribing mistakes and "disaster." *The Journal* cited studies that have found that about half of medication errors occur because of mistakes made during admission or discharge. Gina Rogers, director of the medication-reconciliation program at the Massachusetts Coalition for the Prevention of Medical Errors, was quoted as saying the growing number of patients who take a variety of drugs has made the problem more acute. "Many patients are seeing multiple doctors and are taking many drugs that they may be ordering from different places, so it's often hard to get a complete and accurate list," Rogers said.

Five years after the Institute of Medicine reported medical errors kill between 44,000

and 98,000 Americans annually, fear of medical mistakes remains a major concern for the public. Dr. Richard Hellman of the American College of Endocrinology said at a briefing reported by the AP/Las Vegas Sun on January 11, 2005.

Hellman estimated about half of people with a chronic condition experience a medical mistake while being treated at some point and he reported that diabetic patients are among those most at risk for a medical error.

The article identified use of electronic medical records and computerized physician order entry systems as well as the more labor intensive "coordinating treatment and educating patients to help care for themselves" as mechanisms that could reduce medical error.

The Institute of Medicine, in its groundbreaking report on nurses' work environment and patient care highlighted poor staffing conditions and mandatory overtime as pri-

mary causes of medication errors. It called for every nurse to have the right to refuse an unsafe staffing assignment and a ban on mandatory overtime, as well as for ratios of 1:2 in the ICU.

The MNA's safe RN staffing bill is the best means of preventing medical errors for nurses in Massachusetts and responds to the IOM's recommendations. To learn more about the safe staffing bill visit [www.massnurses.org](http://www.massnurses.org).

The MNA is also a founding member of the Massachusetts Coalition for the Prevention of Medical Errors, a coalition of health care organizations that is striving to prevent errors in our hospitals. The MNA has developed a special program to teach nurses and nurse administrators how to develop safer medication administration systems. The program is available to all MNA bargaining units free of charge. To learn more about the program and/or to schedule a presentation at your bargaining unit, contact Dorothy McCabe at 781-830-5714. ■

## CDC cites staffing patterns and nurses' working conditions as adding to poor outcomes in area of infectious disease

Poor RN staffing has been identified as "one of the major factors expected to constrain hospitals' ability to deal with future outbreaks of emerging infections." This was the conclusion reached by four nursing researchers who summarized 16 disease outbreaks, prospective and retrospective studies of healthcare associated infections in a recent report for CDC (Centers for Disease Control) in their November 2004 report.

The 16 studies cited found, for example:

- BSI (blood stream infection) was associated with lower regular RN-patient and higher pooled staff-patient ratios in a 20 bed surgical unit
- Increased RN hours per adjusted patient day was associated with decreased incidence of pneumonia in a study of 530 hospitals in 10 states

- A higher proportion of RN hours resulted in decreased UTI in a study of over 6 million patients in 799 hospitals
- MRSA cases (a potentially deadly antibiotic-resistant staph infection) were associated with a decrease in RN-to-patient ratio in a study of 50 patients in an adult unit

The cost of treating these types of infections is enormous. One study in the *Journal of the American Medical Association* found the cost of treating sepsis, a severe complication that develops from these infections, to be in excess of \$57,000 per incident added to a patient's hospital bill.

Another study in the *New England Journal of Medicine* found that improvements in RN staffing and better RN-to-patient ratios can

decrease incidence of sepsis by 6 percent, which translates into millions of dollars in annual savings to hospitals, not to mention thousands of lives.

### Previous warnings from CDC

As the toll of complications and harm to patients continues to mount in our hospitals, it is important to note they have been given warnings for years to address these conditions. As early as 1997, the CDC had issued an advisory to all hospitals in the country of the dangers of poor staffing in ICUs, as well as the use of temporary/agency RNs, citing a rise in preventable infections to patients.

The evidence is clear. The industry has not and will not provide appropriate RN staffing on its own. The time has come to pass the patient safety/safe RN staffing bill. ■

## MNA emergency preparedness task force accomplishments and future plans

By Chris Pontus

On September 11, 2001 and days following, the MNA received phone calls from nurses throughout the state of Massachusetts wanting to know what they could do to help. In response to our members' desire to assist during this tragic event the MNA established its emergency preparedness task force (EPTF).

Much has been learned through the formation and operation of the EPTF. During monthly meetings we heard many professionals and group representatives with the most current information regarding bioterrorism and emergency response efforts being made on federal and statewide levels.

Betty Sparks sits on the MNA Board of Directors and is also the chairperson for the emergency preparedness task force. Sparks works in the operating room at Newton-Wellesley Hospital with past experience in emergency room nursing. Sparks is also trained as a disaster medical assistance team (DMAT) member. DMATs are groups of medical and support personnel trained to provide emergency care during a disaster or other unusual event.

The following are highlighted activities, members, and support staff have been involved in through the EPTF:

In June 2003, MNA sent two staff members to the Department of Public Health (DPH) & Harvard School of Public Health for two days of training in facilitation, in Worcester on emergency preparedness.

### Massachusetts satellite broadcast 1: emergency preparedness, incident command systems and connectivity

On July 8, 2003 representatives from the MNA participated in the emergency preparedness, incident command systems and connectivity program, produced by the Harvard Center for Public Health Preparedness in collaboration with the Massachusetts Department of Public Health. The broadcast was down-linked to 17 local community sites, with each site conducted and led by trained facilitators. Mary Sue Howlett and Chris Pontus participated as facilitators while Evie Bain represented MNA in attending a broadcast.

### Satellite broadcast 2: isolation and quarantine

The isolation and quarantine program was one of a series sponsored by the Massachusetts Department of Public Health in collaboration with the Harvard Center for Public Health. A MNA representative has been a member of the planning committee for the broadcast series and assisted with facilitating in both programs. MNA sent three representatives to the March 30, 2004 session held at WGBH TV. The Isolation and Quarantine program was broadcast to multiple satellite sites. Betty Sparks, Marilyn Crawford and Gail Lenehan represented MNA.

Betty Sparks wrote an article and reported to the committee on her most recent DMAT training experience.

David Denenno and Betty Sparks wrote an article titled "Ten Things We Need to Know About SARS" for the *Massachusetts Nurse*.

### State emergency preparedness

- Barbara Toscano reported on the program "DPH Immunization Update 2004," which she attended.

- Dorothy McCabe attended and reported on the program "Legal Implications of Isolation and Quarantine."
- Chris Pontus reported on two programs she attended: "Annual Adult Immunization Conference on Influenza: Global Awareness, Local Preparedness" and "Bio-terrorism and Animals."
- Mental health and emergency preparedness. The need for those caring for mental health patients to be educated in "How to care for them in event of emergency in group homes" was raised by Rosemary O'Brien.
- CDC certification training to administer the smallpox vaccine through the MDPH was attended by Evie Bain & Chris Pontus.
- Smallpox information and update was offered through MNA and presented to MNA members by Evie Bain.
- A community hospital's emergency management plan was brought in by Marilyn Crawford and reviewed by the group. This review served as a learning tool to measure and identify the strengths and weakness of an existing plan.
- Follow-up to a community hospital's response to chemical exposure. Jean Crawford described the event and lack of appropriate response by medical personnel. The need for education regarding interpretation of material safety data sheets (MSDS) as well as utilization of poison control as an immediate resource was identified in this specific situation and globally.
- Policies & procedures relating to emergency preparedness – The first draft of a policy to address actual or suspected exposures was developed and reviewed by Liz O'Connor and Janice Homer. Questions for bargaining units to ask prior to emergency preparedness training were brought to be field tested through a questionnaire with their labor management groups.

### Continuing education programs

- Bombs, clean and dirty.** Jonathan L. Burstain, MD, FACEP from the Massachusetts Department of Public Health, presented at the MNA an in-depth program on: "Bombs and other explosive devices, their mechanisms, effects, and preparation for and response to the emergencies created by the use of these devices" on June 22, 2004. This program was well-attended, enthusiastically received and generated a lively question and answer session.
- Incident command system for health care providers.** This continuing education program was sponsored and provided by the Massachusetts Executive Office of Public Safety and the Massachusetts Department of Fire Services held at MNA on June 2, 2004. Members who attended shared their experiences, emphasizing the great value of the participants' application of learning to specific potential emergencies.
- Emergency medical response to hazardous materials and acts of terrorism.** The Massachusetts Emergency Management Agency (MEMA) sponsors this program on emergency medical services in response to hazardous materials and acts

of terrorism. The program is offered at the MNA on a consistent basis in the fall and spring. It is designed for physicians, nurses, EMTs and hospital support staff. The program includes identification of hazardous materials, toxicological and biological effects of chemicals and biological acts of terrorism.

Anthony Fucaloro, EMT and Captain Larry Ferazani outlined training initiatives and efforts being made through Massachusetts Emergency Management Association (MEMA). A predominate theme was the concern that Massachusetts' hospitals are not prepared to accept large numbers at this time. Also, initial assessment and decontamination efforts need to take place prior to individuals taken to a hospital environment. Planning for major catastrophic events at this level yet need to be developed.

Mary Taschner, DPH liaison to the Massachusetts Department of Fire Services, described the activity of "defined area work group" which is developing a standardized curriculum for emergency preparedness. The national model is being adapted to state-level needs. Preliminary standards have been developed for health care, public safety and public health workers.

Erica Fasano from Boston EMS presented information on the Boston Medical Reserve Corps. She spoke about her role and what her agency is doing in trying to organize nurse volunteers. This is one of seven federally funded medical reserve corps in Massachusetts. The corps provides a health care team which responds to disasters. Informational literature was distributed. Application forms were available for those wishing to become members.

Amy Zepecki, from Boston EMS presented an overview of the city of Boston's involvement in and with the national stock pile.

Lisa Gurland, MDPH director of clinical affairs & personnel development presented a federal and state plan as it relates to a behavioral health crisis response for the general population in a disaster. The specifics of this plan addressed mental health needs of the general population in a disaster.

Robert Paone, B.S., Pharm.D, state-wide national stockpile coordinator for the Massachusetts Department of Public Health, presented "Disaster Preparedness: National, State and Local Response." The focus addressed the deployment and utilization of the national stockpile of emergency equipment, medications and supplies in a disaster. Dr. Paone has developed a plan for DPH's response to an emergency declared by the governor.

Glynnis LaRosa, RN, MPH, senior public health nursing advisor, DPH, presented a report on the DPH infectious disease response & emergency plan. LaRosa reviewed smallpox pre and post-event planning still underway by DPH and handed out materials related to this training. DPH is seeking nurses to be trained in smallpox vaccine administration. The Massachusetts Dispensing and Vaccine Site Planning template is on the DPH BT (Bioterrorism) Web site. Glynnis noted that drills and exercises are being conducted by towns and that 12 Massachusetts sites were funded in the past year for the Medical Reserve.

Maxene Armour, education coordina-

tor, from the Department of Agricultural Resources, Division of Animal Health, Biosecurity and Dairy Services presented a program called Bioterrorism and Animals: Awareness and Response. Armour presented literature and information on the relationship of animal diseases to human diseases (Zoonosis). As animals can be reservoirs for human pathogens, a bioterrorism event may also affect animal health (Sentinels) and those working with animals need be aware of that potential.

Beverly Anderson, MPH, CHO regional preparedness coordinator. A proposal for MNA volunteers to be contacted for assistance in a bioterrorism event is being considered by the Emergency Preparedness Task Force. The task force was positive and thought this was an area for MNA participation.

A request was made for Anderson to present a written proposal addressing the committee's concerns for submission to the MNA Board of Directors for consideration.

Items of confidentiality of information, protection from lawsuits, conflict of responsibilities to those in other responder groups, training, were discussed.

### Going forward

MNA Board member Sandy Eaton and MNA staffer Joe-Ann Fergus encouraged the diversity and emergency preparedness committees to investigate concerns raised by the Roxbury and Boston Medical Center communities about Boston University's plans to build a level 4 bio-terrorism lab in Roxbury. An informational forum was conducted on Dec. 15 at MNA headquarters.

Both BU spokespersons for the laboratory and members of the scientific community opposed to the laboratory presented information with discussion of their positions on the location of the BU level 4 laboratory. Representatives of Alternatives for Community and Environment (ACE), the opposing group, gave a presentation, followed by one from representatives from Boston University Medical Center.

Sandy Eaton developed an MNA position statement concerning the BU facility with input from other members of the committee including Mary Crotty, who tracked new legislation to require state regulation of the laboratory sponsored by state Reps. Gloria Fox and Byron Rushing. The Fox-Rushing bill, "An act to protect the public health and environment from select toxic biological agents," was finalized following the highly publicized disclosure on Jan. 20, 2005 that BU had experienced an outbreak of tularemia in one of its current research laboratories in the past year, but had failed to disclose the potential disaster, as was required legally, to regulatory agencies and public health authorities. A position statement opposing the development of the level 4 laboratory was accepted by MNA board members for approval. At this point, the task force will continue to monitor the situation.

The task force briefly discussed the need to address/explore potential MNA's role in a disaster. In going forward the task force will look toward the possibility of developing a partnership with the Department of Public

# Join MNA for an exciting trip to the Italian Riviera!

**Reserve Early • Space is Limited**

**Nov. 12–20, 2005: Italian Riviera, \$1569\***

Join this wonderful nine-day, seven-night tour to the beautiful Province of Liguria, which is nestled along the Italian Riviera (north of Florence and south of Milan). You will enjoy a seven-night stay in a first-class hotel overlooking the azure Gulf of Spezia. The tour includes an extensive daily sightseeing program with three meals every day. During this vacation we will visit Portovenere, Genoa, Portofino, Cinque Terre, Carrara, Pisa, Sarzana, Pontremoli, Lerici, San Terenzo and Vernazza. The area's mild climate permits visits to these places all year long and our itinerary features short daily excursions throughout the magnificent countryside and along the beautiful coastal region. Don't miss this grand tour of the picturesque Riviera region.



**To receive more information and a flyer on these great vacations, contact Carol Mallia at 781-830-5744 or via e-mail at [cmallia@mnarn.org](mailto:cmallia@mnarn.org)**

*\* Prices listed are per person, double occupancy based on check purchase. Credit card purchase is \$30 more. Prices include air fare, hotel, transfers, tours and all meals. Applicable departure taxes are not included in the listed prices above.*



## Support the MNA Diversity Committee's Medical Missions Team

The MNA Diversity Committee is planning a Healthcare Missions trip, May 11–18, 2005 to the Dominican Republic. The plan is to work with Mercy Ships to set up and run a community based clinic that addresses a multitude of basic health needs and to also work alongside the ships' efforts.

The Diversity Committee is currently seeking nurses interested in joining the healthcare team. No experience is required and training will be offered. Interested individuals must raise their own funds for the trip, at a cost of approximately \$1,500 per person.

In addition to interested volunteers, the committee is seeking donations to cover the costs of the project. Those costs include medications and supplies. Donations of any amount will be gratefully accepted. For more information on becoming a volunteer or to donate, please complete this form:

- Please send more information about becoming a volunteer
- I am unable to volunteer but would like to assist the committee in fundraising
- Please accept my donation (make check payable to Mercy Ships)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Email \_\_\_\_\_

Return to: MNA, c/o Carol Mallia, 340 Turnpike St., Canton, MA. 02021  
 For more information or questions, contact Carol Mallia at 781-830-5744 or [cmallia@mnarn.org](mailto:cmallia@mnarn.org)



MNA travelers outside the Cathedral in Messina

## Sicily: Another successful trip sponsored by MNA

Nurses from Alaska, New York City and New Orleans joined Massachusetts travelers in November to Taormina, the jewel of Sicily, for the fifth MNA-sponsored trip to Italy with 51 passengers participating.

After a night flight via Milan to Catania, Sicily, the group spent the remainder of its first day abroad in Siracusa, a spectacular city along the southeastern coast that boasts the largest concentration of Greek ruins outside of Greece.

Our second day was savored in Syracuse with a visit to the Greek ruins and the island of Ortygia's market place, Piazza del Duomo. A spectacular boat tour of the Ionian Sea was also enjoyed. We arrived in Taormina late on the second day, staying in the beautiful four-star Hotel Ariston, a splendid facility built into the cliffs overlooking the ocean.

Highlights of the remaining days of the tour included a visit to Taormina's Greek Theatre overlooking the sea; Mt. Etna, Sicily's active and continuously erupting volcano; and spectacular night time sights.

Tours of Milazzo, Tindari and Funari, tucked high in the hills of Sicily, were

interspersed with visits to a wine museum, ceramics factory and lunch along the sea-coast. The "Godfather tour" brought us to two small mountain villages where the movie "Godfather II" was filmed.

The final day was spent in the port city of Messina, located a mile and a half across the water from Italy's boot. The Cathedral of Messina boasts a spectacular clock equipped with a campanile. It was there that the group picture was taken. Our return flight brought us from Catania via Milan to Boston.

Join us in our next tour of Italy. We're headed to the Italian Riviera, Nov. 12–20, 2005. Contact Carol Mallia at MNA for further information at 781-830-5744. ■

## ...Preparedness

From Page 14

Health. The task force hopes to define roles that are within member regions. Some of the issues for review include recommendations relating to current license, scope of practice, training, liability and insurance needs. Discussion will continue at future meetings. The task force will subsequently put forward recommendations to the MNA Board of Directors.

The task force does have some noted concerns with language barrier in the event of a bio-terrorism event. ■

## Tsunami relief assistance needed

Several humanitarian organizations are currently conducting relief efforts for victims of the devastating Indian Ocean tsunami. Those interested in assisting these efforts are encouraged to visit [www.usafreedomcorps.gov](http://www.usafreedomcorps.gov) and find out how best to help. ■

## Tenure Track – Women's Health Nursing

The School of Nursing at Salem State College is seeking to fill a tenure track faculty position in Women's Health. Required are a Master's degree in Nursing, expertise in Women's Health and five years of recent clinical experience. Preferred are an earned Doctorate, Baccalaureate teaching experience, and experience in and commitment to teaching and working in a multicultural, multiracial environment with students of diverse backgrounds and learning styles and as well as in distance learning and instructional technologies, and candidates who enjoy serving as role models and mentors for a diverse student body.

Application review will begin immediately and continue until an adequate pool is achieved.

To apply, send letter of application specifying department, reference number, and position for which you are applying, resume, appropriate transcripts and three letters reference to: **Office of Human Resources & Equal Opportunity**, Salem State College, 352 Lafayette Street, Salem, MA 01970; Fax: (978) 542-6163; E-Mail: [eo-hr@salemstate.edu](mailto:eo-hr@salemstate.edu). (Word or WordPerfect)

Refer to: **05-AA-F-NUR-FHEAL**

SALEM STATE COLLEGE IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. PERSONS OF COLOR, WOMEN AND PERSONS WITH DISABILITIES ARE STRONGLY URGED TO APPLY.

[www.salemstate.edu/eo-hr](http://www.salemstate.edu/eo-hr)

# MNA nominations & election policies & procedures

## 1. Nomination process and notification of nominees

- A. All candidates for office, submitting papers to the Nominations & Elections Committee, shall be notified in writing upon receipt of materials by the MNA staff person assigned to the Nominations & Elections committee. The letter of acknowledgement will identify the office sought. All notifications will be sent by MNA no later than June 5 of each year. If no acknowledgment has been received by that date, it is the nominees' responsibility to contact MNA regarding the status of their nomination.
- B. All candidates must be an MNA member or a Labor Program member in good standing at the time of nomination and election.
- C. A statement from each candidate, if provided, will be printed in the *Massachusetts Nurse*. Such statements should be limited to no more than 250 words.

## 2. Publication of ballot

- A. Preliminary Ballot: All candidates who are members in good standing shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee or designee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection.
- B. Final Ballot: All candidates who are members in good standing, shall have their names printed on the ballot provided the nomination papers have been received by the Nominations & Elections Committee by the deadline date established by the committee and communicated in the *Massachusetts Nurse*. The order names are listed on the ballot is determined by random selection by the Nominations & Elections Committee or their designee. All candidates will receive a draft copy of the Final Ballot prior to the Election Mailing for verification purposes. Confirmation/request for corrections to the ballot should be made in writing to the Nominations and Elections Committee or their designee post-marked within seven days of receipt of the draft ballot. For uncontested positions the Nominations & Elections Committee may solicit candidates, accept late applications, and add to the ballot after the final ballot deadline with approval of the majority of members of the Nominations & Elections Committee present and voting.
- C. Ballot Information: All inquiries related to deadlines, status, policies, eligibility to vote and receipt of ballots are to be addressed to the staff person to the Nominations & Elections Committee or a designee.

## 3. Publication of policies/procedures/campaign practice

All policies, procedures and campaign practices related to the MNA elections shall

be distributed to candidates upon receipt of their nomination papers. Notice to all members of availability shall be published in the *Massachusetts Nurse* annually.

## 4. Campaign practices

- A) All candidates shall have access to the following: membership lists/labels; structural unit rosters; bargaining unit rosters. Candidates may also have access to campaign space in the *Massachusetts Nurse* and may request time on structural unit and bargaining unit agendas. The following conditions must be met.
1. Request for labels/lists/rosters\* must be in writing and signed by the candidates. All requests will be honored provided they comply with the MNA information/label request policies.
  2. Requests from the candidate for time on structural unit or bargaining unit agendas must be in writing and directed to the appropriate chair. The staff person for the group must also be notified of the request. All candidates for a specific office must be provided with equal access and time.
  3. Structural units and bargaining units may invite candidates to speak at a meeting. All requests must be in writing with a cc to staff. All candidates for a specific office must be provided with equal access and time.
  4. All costs for labels/space in the *Massachusetts Nurse*, and mailing shall be the responsibility of the candidates. Labels will be provided at cost. Ad space in the *Massachusetts Nurse* will be at a specific advertising rate.
  5. Records of requests received, the date of the request, as well as distribution of materials shall be kept by the Membership Department.
  6. All campaign mailings utilizing MNA membership labels shall be sent through a mailing house designated by the MNA. Mailing utilizing rosters may be done directly by the candidates.
  7. The membership list shall be available for review/inspection, by appointment with the Membership Department. Lists or records must remain on the premises.
- B. All candidates must follow acceptable practices in the acceptance of goods, services and contributions. This includes
1. Employers shall not provide money, supplies, refreshments or publication of and "endorsement" on behalf of a candidate.
  2. Candidates may not use MNA, Regional Council or employer stationary to promote their candidacy.
  3. Candidates may not use postage paid for by MNA, Regional Council or an employer to mail literature to promote their candidacy.
  4. Neither MNA its structural units or bargaining units may use dues money for a function to promote the candidacy of a particular candidate. MNA may sponsor a function at which all candidates for a particular office are invited and no candidate is shown preference over another.

5. Individual members may make voluntary contributions of money, goods or services to a candidate.
6. The amount that a candidate may expend in campaigning is not limited by MNA.
7. MNA elected and appointed officials may endorse candidates. In the event that the endorsement is to appear in the *Massachusetts Nurse*, then and only then, the endorsements must be verified on the official MNA Campaign Endorsement Form and must accompany ad copy. However, no endorsements may carry identification as to the MNA office held by the endorser (see attachment A).
8. MNA staff shall not wear promotional materials of any candidate or in any manner promote the candidacy of any individual.
9. Candidates shall not use the MNA corporate logo on campaign materials.
10. Campaigning or campaign materials are not allowed on MNA premises with the following exceptions:
  - When invited to a MNA structural unit or bargaining unit meeting.
  - Meeting attendees may wear promotional material.
  - Access to MNA structural unit is unrestricted.

## 5. Ballot/voting instructions

- A. Ballot will be mailed at least 15 days prior to the date which it must be mailed back (postmarked).
- B. Complete area (as per instructions on form) next to the name of the candidate of your choice. You may vote for any candidate from any district.
- C. Do not mark the ballot outside of the identified area.
- D. Write-in votes shall not be considered valid and will not be counted.
- E. Enclose the correct and completed voting ballot in an envelope (marked Ballot Return Envelope), which does not identify the voter in anyway, in order to assure secret ballot voting. ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE. All mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. (At the discretion of the Nominations & Elections Committee, mailing envelopes containing the voter's name and address may be checked off on a master membership list. This process may be of the total membership list, or randomly selected envelopes.) If the mailing envelope has been misplaced, another envelope can be substituted. This envelope must be addressed to:  
MNA Secretary, c/o Contracted Election Administrator (address)  
In the upper left-hand corner of this envelope you must:
  - a. Block print your name
  - b. Sign your name (Signature required)

- c. Write your address & Zip  
If this information is not on the mailing envelope, the secret ballot inside is invalid.
- F. The ballot must be received no later than \_\_\_\_\_ AM/PM on (Day) (Date) in order to be counted.
- G. The ballots must be mailed to : \_\_\_\_\_  
\_\_\_\_\_ MNA Secretary.

Contracted Election Administrator  
(Address)

## 6. Observation

- A. Each candidate or their designee who is a current MNA and/or Labor Relations Program member is to be permitted to be present on the day(s) of the mailing, receipt, opening and counting of the ballots. Notification of intent to have an observer present must be received in writing or electronic message from the candidate 5 working days prior to the ballot counting date.
- B. Each observer must contact the MNA staff person assigned to the Nominations & Elections Committee 5 working days prior to the day in question for space allocation purposes only.
- C. The observer must provide current MNA membership identification to election officials and authorization from the candidate.
- D. No observer shall be allowed to touch or handle any ballot or ballot envelope.
- E. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.
- F. All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is completed and certified.

## 7. Candidate notification

- A. Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. Hard copies of the election results shall be sent to each candidate.
- B. Results of the MNA election will be kept confidential until all candidates are notified. Notification of all candidates will occur within 72 hours of certification of the election.
- C. Results will include the following:
  - Number of total ballots cast for the office in question
  - Number of ballots cast for the candidate.
  - The election status of the candidate (elected/not elected)
- D. Any MNA member may access these numbers by written request.
- E. Election results will be posted at the annual meeting.

## 8. Storage of election materials

- A. Pre Election: All nomination forms and all correspondence related to nominations shall be stored in a locked cabinet at MNA headquarters. The Nomina-

See *Election policies*, Next Page

**...Election**

*From Previous Page*

tions & Elections Committee and staff to the committee shall have sole access to the cabinet and its contents.

B. Post Election: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, and voter eligibility lists shall be stored in a locked cabinet at MNA headquarters for one year. The Nominations & Elections Committee Chairperson and staff to the committee shall have sole access to the cabinet and its contents.

**9. Post-election press release**

The Department of Public Communications shall check the information on file/CV data for accuracy/currency with the elected candidate prior to issuing a press release.

\*Member List—a computer listing of the total MNA membership eligible to vote, including name, address, billing information etc.

\*Membership Labels—computer generated labels of the total MNA membership eligible to vote, provided in keeping with MNA Label Sales Policies.

\*Rosters—computer generated list of the Board of Directors of MNA and all MNA structural units. List includes names and addresses.

\*On-Site Mailboxes—areas at the MNA provided for communicating with structural units and bargaining units.

Approved by Board of Directors: 5/16/02, 8/21/03 ■

**Call for member participation on MNA committees**

The following standing committees of the MNA Board of Directors are seeking members to help carry forward the work of the organization:

**Awards Committee:** This committee develops criteria for MNA awards, reviews nominations of candidates for awards and recommends award recipients to the MNA Board of Directors. This committee enables MNA to reward and applaud the contributions of outstanding individuals to nursing and health care. There were 17 recipients of MNA awards in 2004. The committee meets two to four times per year.

**Bylaws Committee:** This committee both receives and initiates proposed amendments to MNA's Bylaws and presents its recommendations to the MNA membership annually. MNA's bylaws regulate its operation. The committee meets four to six times per year.

**Education Committee:** This committee interprets, implements and monitors a program of continuing education for nurses, serves as a resource to MNA to identify trends and issues in nursing and health care as they relate to education, and recommends strategies to support competence and professional growth of nurses. This committee meets six times per year.

Contact Shirley Duggan, associate director, Nursing Department at 800-882-2056, x763 for additional information. ■

**Consent to Serve for the MNA 2005 Election**

I am interested in active participation in the Massachusetts Nurses Association

**MNA General Election**

- President, General\* (1 for 2 years)
- Secretary, General (1 for 2 years)
- Director, Labor\* (5 for two years) [1 per Region]
- Director At-Large, General (3 for 2 years)
- Director At-Large, Labor (4 for 2 years)
- Labor Program Member\* (1 for 2 years)
- Nominations Committee, (5 for 2 years) [1 per region]
- Bylaws Committee (5 for 2 years) [1 per region]
- Congress on Nursing Practice (6 for 2 years)
- Congress on Health Policy (6 for 2 years)
- Congress on Health & Safety (6 for 2 years)
- Center for Nursing Ethics & Human Rights (2 for 2 years)

*\*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN health care professional who is a member in good standing of the labor program.*

Please type or print — Do not abbreviate

Name & credentials \_\_\_\_\_  
*(as you wish them to appear in candidate biography)*

Work Title \_\_\_\_\_ Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_ MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Educational Preparation**

School	Degree	Year

**Present Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.)**

MNA Offices	Regional Council Offices

**Past Offices/Association Activities (Committee, Congress, Regional Council, Unit, etc.) Past 5 years only.**

MNA Offices	Regional Council Offices

Candidates may submit a typed statement not to exceed 250 words. Briefly state your personal views on nursing, health care, and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse*. Statements, if used, must be submitted with this consent-to-serve form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2005  
Final Ballot: June 15, 2005

**Return To:** Nominations and Elections Committee  
Massachusetts Nurses Association  
340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: [www.massnurses.org](http://www.massnurses.org)

# MNA CONTINUING EDUCATION COURSES

Winter 2004/Spring 2005

## Oncology for Nurses

**Description** This program will increase knowledge in oncology nursing. The content of the program will include an overview of cancer management, tumor physiology and staging, relevant laboratory testing and treatment strategies and safe handling of neoplastic agents. Chemotherapy administration, classification of chemotherapeutic agents, management of toxicities and adverse effects of treatments and oncological emergencies will be discussed. The program will conclude with pain and symptom management, palliative care and an overview of hospice care.



**Speaker** Marylou Gregory-Lee, MSN, RNCS, OCN, Adult Nurse Practitioner  
**Date** March 9, 2005  
**Time** 8:30 a.m. – 4 p.m. (Lunch provided)  
**Place** MNA Headquarters, Canton  
**Fee** MNA members, \$125; all others, \$150  
**Contact Hours\*** 7.2  
**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## Basic Dysrhythmia Interpretation

**Description** This course is designed for registered nurses in acute, sub-acute and long-term care settings to learn cardiac monitoring and dysrhythmia interpretation. Implications and clinical management of cardiac dysrhythmias will also be discussed. Course will include a text book and will require study between sessions one and two.



**Speaker** Carol Mallia, RN, MSN  
**Date** March 15 and 22, 2005  
**Time** 5:00 p.m. – 9:00 p.m. (light supper provided)  
**Place** MNA Headquarters, Canton  
**Fee** MNA members \$90; all others \$125  
**Contact Hours\*** 9.0  
**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## The Real Nursing World—Transition from Student to RN

**Description** Don't miss one of these unique programs offering you an opportunity to address questions or concerns to a panel comprised of recent graduates from various schools of nursing and experienced nurses with knowledge in nursing education, nursing administration, labor relations, political action and career counseling. Area hospitals and other health care facilities will be available before and after the program to discuss employment opportunities.



**Facilitator** Carol Mallia, RN, MSN  
 Panel TBA  
**Date** March 31, 2005: Marriot, Springfield  
 April 5, 2005: Crowne Plaza, Worcester  
 April 7, 2005: Lombardos, Randolph  
**Time** 5:30 p.m. – 9:30 p.m. (light supper provided)  
**Place** (see above)  
**Fee** Free to senior nursing students and faculty  
**Contact Hours\*** None  
**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-8056, x727

## Diabetes 2005: What Nurses Need to Know

**Description** This program will discuss the pathophysiology and classification of Diabetes Type 1 and 2. Nursing implications of blood glucose monitoring and non-pharmacological interventions such as exercise and meal planning will be addressed. Oral pharmacological agents and a comprehensive update on insulin therapy will be presented. Nursing management of the newly diagnosed diabetic patient, both complicated and not, will be explored. Nursing management of the diabetic patient in the pre/post operative, ambulatory care, home care and school setting will be discussed.



**Speaker** Ann Miller, MS, RN, CS, CDE  
**Date** April 14, 2005  
**Time** 8:30 a.m. - 4 p.m. (Lunch provided)  
**Place** MNA Headquarters, Canton  
**Fee** MNA members \$125; all others \$150  
**Contact Hours\*** 7.2  
**MNA Contact** Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

**COURSE REGISTRATION  
 INFORMATION:  
 SEE NEXT PAGE**

## Advanced Cardiac Life Support (ACLS)

**Description** This American Heart Association course will provide information on the clinical management of cardiac and respiratory emergencies through case study approach. Course content includes assessment, arrhythmia recognition, intubation, defibrillation and pharmacological interventions. This is a two-day certification class and a one-day recertification class. Recertification candidates must present a copy of their current ACLS card at the time of registration.



**Speaker** Carol Mallia, RN, MSN  
 Other instructors for clinical sessions  
**Date** April 26, 2005 and May 3, 2005  
**Time** 9 a.m. – 5 p.m. (light lunch provided)  
**Place** MNA Headquarters, Canton  
**Fee** Certification: MNA members \$155; all others \$195 others  
 Recertification: MNA members \$125; all others \$165  
**Contact Hours\*** 16 for certification only  
**MNA Contact** Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

## Cardiac and Pulmonary Emergencies

**Description** This program is designed for registered nurses in acute, sub-acute and long-term care settings to learn the clinical management of cardiac and respiratory emergencies. Clinical management of chest pain, brief EKG interpretation and ABG interpretation will be covered. Clinical management of respiratory distress will also be discussed.



**Speaker** Carol Mallia, RN, MSN  
**Date** June 7, 2005  
**Time** 5–9 p.m. (light supper provided)  
**Place** MNA Headquarters, Canton  
**Fee** MNA members \$45; all others \$65  
**Contact Hours\*** 3.6  
**MNA Contact** Theresa Yannetty, 781-830-5727 or 800-882-2056, x727

## Cardiac and Pulmonary Pharmacology

**Description** This program will provide nurses from all clinical practice settings with a better understanding of how cardiac and pulmonary medications work. The actions, indications and nursing considerations will be discussed for the major categories of cardiac and pulmonary medications.



**Speaker** Carol Mallia, RN, MSN  
**Date** June 21, 2005  
**Time** 5–9 p.m. (light supper provided)  
**Place** MNA Headquarters, Canton  
**Fee** MNA members \$45; all others \$65  
**Contact Hours\*** 3.6  
**MNA Contact** Liz Chmielinski, 781-830-5719 or 800-882-2056, x719

Congress on Nursing Practice  
 Offers free programs to regions, bargaining units,  
 schools of nursing

**Accept, reject and/or delegate an  
 assignment: A guide for nurses**

One hour, 1.2 contact hours  
 Medication errors: focus on prevention  
 Two hours, 2.4 Contact hours

For further information: Contact Dorothy McCabe Director,  
 Department of Nursing. 781-830-5714 or dmccabe@mnarn.org

**MNA**

MASSACHUSETTS NURSES ASSOCIATION

## Scholarship funding available through the Massachusetts Nurses Foundation

For further information or to request an application, call the MNF Voice Mail at 781-830-5745 and leave your name (please spell), address and name of the scholarship application you would like mailed to you. Printable applications are available at [www.massnurses.org](http://www.massnurses.org). Deadline is June 1, 2005.

### Janet Dunphy Scholarship

Funded by a scholarship established by Regional Council 5, these scholarships are given annually to an MNA member, active in Regional Council 5 and pursuing a BS, MS or doctoral degree.

### Labor Relations Scholarship

Scholarships are funded annually by a grant established by the MNA. This scholarship is for an RN or health care professional, member of MNA, attending a baccalaureate or masters program in nursing, labor relations, or related field.

### Regional Council 5

Funded by Regional Council 5 scholarships will be given to an MNA member active in Regional Council 5:  
A student pursuing a nursing degree and

who is a son or daughter of a Regional Council 5 member.

A Regional Council 5 members' significant other/spouse who is pursuing a nursing degree.

A student pursuing higher education and who is a son or daughter of a Regional Council 5 member.

### Regional Council 4

Funded by Regional Council 4, this scholarship is given to an MNA member active in Regional Council 4, to continue studies for a baccalaureate, masters or doctoral degree in nursing.

### Regional Council 3

Funded by Regional Council 3, scholarships will be offered to an MNA member active in Regional Council III, the awards are as follows:

- Member pursuing a BSN, MSN or doctoral degree.
- A student pursuing a BSN who is a son or daughter of a Regional Council III member.
- A student pursuing an associate degree in nursing and who is a son or daughter of a Regional Council 3 member.

### Regional Council 2

Funded by a scholarship established by Regional Council 2, these scholarships are given annually to an MNA member, active in Regional Council 2 and pursuing a BS, MS or doctoral degree; or a family member pursuing a nursing degree.

### Regional Council 1

Funded by Regional Council I, one \$1,500 scholarship to a family member of a Region 1

member or a student sponsored by a Region 1 member pursuing a nursing degree.

### Unit 7 State Chapter

Two \$1,000 scholarships are being offered to a member of Unit 7 State Chapter of Health Care Professionals pursuing a degree in higher education. One will be awarded to a registered nurse and one to a health care professional. ■

## Donations needed for MNF Auction!

*We Need Your Help*

The Massachusetts Nurses Foundation is preparing for its 22<sup>nd</sup> Annual Silent & Live Auction to be held at the MNA 2005 Convention. Donations are needed to make this fundraising event a big success. Your tax-deductible donation helps the Foundation raise funds to support nursing scholarships & research.

- ✓ Valuable Personal Items
- ✓ Gift Certificates
- ✓ Works of Art
- ✓ Craft Items
- ✓ Memorabilia & Collectibles
- ✓ Vacation Packages

Contact the MNF at 781-830-5745 to obtain an auction donor form or mail or deliver your donation to the Mass. Nurses Foundation, 340 Turnpike Street, Canton, MA 02021.

## CONTINUING ED COURSE INFORMATION

<b>Registration</b>	Registration will be processed on a space available basis. Enrollment is limited for all courses.
<b>Payment</b>	Payment may be made with MasterCard or Visa by calling the MNA contact person for the program or by mailing a check to MNA, 340 Turnpike St., Canton, MA 02021.
<b>Refunds</b>	Refunds are issued up to two weeks before the program date minus a 25% processing fee. No refunds are made less than 14 days before the program's first session or for subsequent sessions of a multi-day program.
<b>Program Cancellation</b>	MNA reserves the right to change speakers or cancel programs when registration is insufficient. <b>In case of inclement weather</b> , please call the MNA at 781-821-4625 to determine whether a program will run as originally scheduled. Registration and fees will be reimbursed for all cancelled programs.
<b>*Contact Hours</b>	Continuing Education Contact Hours for all programs except "Advanced Cardiac Life Support" are provided by the Massachusetts Nurses Association, which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Contact hours for "Advanced Cardiac Life Support" are provided by the Rhode Island State Nurses Association, which is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. <b>To successfully complete a program and receive contact hours or a certificate of attendance, you must:</b> <ol style="list-style-type: none"> <li>1) sign in,</li> <li>2) be present for the entire time period of the session and</li> <li>3) complete and submit the evaluation.</li> </ol>
<b>Chemical Sensitivity</b>	Scents may trigger responses in those with chemical sensitivity. Participants are requested to avoid wearing scented personal products and refrain from smoking when attending MNA continuing education programs.

### MNA can help you save on winter getaway

MNA members are entitled to a number of travel privileges and discounts to save money on their travel planning.

- Hertz car rental discounts.
- 20 percent discount on Choice Hotels International (includes Quality Inn, Clarion, Econo Lodge, Rodeway & Mainstay Suites, Inns & Hotels).
- Save on admission to Sea World Orlando, San Antonio and San Diego and at Busch Gardens Tampa Bay and Williamsburg.
- Compare additional discount admission available to all Orlando area attractions including Disney, Universal Studios, Sea World, Wet n' Wild and other area attractions when purchased through the Official Ticket Center.
- Discount movie passes to Showcase, AMC and Regal Cinemas.

For more information regarding these benefits as well as others available to members, visit the MNA Web site at [www.massnurses.org/member/](http://www.massnurses.org/member/) or contact the MNA membership department at 800- 882-2056, x726. ■

### ...Contract

*From Page 6*

#### St. Elizabeth's Hospital

Recent problem with a memo to the medical staff directing nurses to administer flu shots by certain benchmarks, not by individual written order. Gathering information and preparing for negotiations.

#### Somerville Hospital

MNA Executive Committee recently agreed with the hospital on new security procedures for visiting hours. In addition, labor-management meetings have resulted in an improved security system and improvements in the communication between nurses and security personnel. These agreements settled a grievance filed by the association on behalf of all RNs at the hospital.

#### Unit 7

On-going conversations with the state about new contract. Informal talks held, but management refused to talk about mandatory OT and staffing so back to formal talks.

Just found out they won a \$1 million settlement for the DSS lay off in 1992. ■



## Save the date!



**PHASE**  
Promoting Healthy and Safe Employment  
in Healthcare

The **PHASE In Healthcare Project** at UMass Lowell presents its third annual occupational health and safety conference:

### Worker Health and Safety in Healthcare: Learning from the Past, Best Practices for the Future

The conference will be held on **Thursday, April 28, 2005**, from 8:00 AM – 5:30 PM at the BU Corporate Education Center in Tyngsboro, MA.

The conference will feature panels on health and safety programs and on workplace ergonomics. You will hear about study results from the Promoting Healthy And Safe Employment (PHASE) in Healthcare research project, a five year study supported by the National Institute for Occupational Safety and Health. You will also learn about best practices in these areas.

Interactive breakout sessions on violence in the workplace, needle stick injuries, stress, return to work after an injury, OSHA standards for long term care facilities, occupational asthma, and diversity support for employees will round out the day.

Healthcare managers and supervisors, workers, union members, advocates, students, faculty and others interested in healthcare are encouraged to attend. This will be an enlightening event with many opportunities for networking!

UMass Lowell will offer continuing education credits for nurses and other healthcare professionals for attendance at this conference.

For more information call Petra Miesmaa at 978-934-4428, [Petra\\_Miesmaa@uml.edu](mailto:Petra_Miesmaa@uml.edu), or go to [www.uml.edu/phase](http://www.uml.edu/phase) and click on "conferences".

We look forward to seeing you there!

This conference is co-sponsored by:



Additional sponsors:

Saints Memorial Medical Center • Elizabeth Seton Residence • Life Care Center of Nashoba Valley

This event is supported by a grant from the National Institute for Occupational Safety and Health (NIOSH) Grant #R01-OH07381-05, "Health Disparities Among Healthcare Workers."



**MNA**

**PEER ASSISTANCE PROGRAM**

*Help for Nurses with Substance Abuse Problems*

Are you a nurse who is self-prescribing medications for pain, stress or anxiety?

Are you a nurse who is using alcohol or other drugs to cope with everyday stress?

Would you appreciate the aid of a nurse who understands recovery and wants to help?

**CALL THE MNA PEER ASSISTANCE PROGRAM**

ALL INFORMATION IS CONFIDENTIAL

781-821-4625, EXT. 755

OR 800-882-2056 (IN MASS ONLY)

[WWW.PEERASSISTANCE.COM](http://WWW.PEERASSISTANCE.COM)

## Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

*Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.*

### Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Contact: Donna White, 617-469-0300, x305. Meets: Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. Contact: LeRoy Kelly, 508-881-3192. Meets: Thursdays, 5:30–6:30 p.m.
- Peer Group Therapy, 1354 Hancock Street, Suite 209, Quincy. Contact: Terri O'Brien, 781-340-0405. Meets: Tuesdays & Wednesdays, 5:30 p.m. & coed Wednesdays, 7 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Contact: Eleanor O'Flaherty, 508-559-8897.

Meets: Fridays, 6:30-7:30 p.m.

- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Contact: Jacqueline Sitte, 781-341-2100. Meets: Thursdays, 7–8:30 p.m.

### Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Meets: Mondays, 6–7 p.m.
- Health Care Support Group, UMass School of Medicine, Room 123, Worcester. Contact: Emory, 508-429-9433. Meets: Saturdays, 11 a.m.–noon.

### Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Facilitator: Teri Gouin, 978-352-2131, x15. Meets: Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Center for Addiction Behavior, 27 Salem Street, Salem. Contact: Jacqueline Lyons, 978-697-2733. Meets: Mondays, 6–7 p.m.

- Partnership Recovery Services, 121 Myrtle Street, Melrose. Contact: Jay O'Neil, 781-979-0262. Meets: Sundays 6:30–7:30 p.m.

### Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Contact: Marge Babkiewicz, 413-794-4354. Meets: Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Meets: Wednesdays, 7–8 p.m.

### Southern Massachusetts

- Professionals Support Group, 76 W. Main St., Suite 306, Hyannis. Contact: Kathy Hoyt, 508-790-1944. Meets: Mondays, 5–6 p.m.
- PRN Group, Pembroke Hospital, 199 Oak Street, Staff Dining Room, Pembroke. Contact: Sharon Day, 508-375-6227. Meets: Tuesdays, 6:30–8 p.m.

- Substance Abuse Support Group, St. Luke's Hospital, New Bedford, 88 Faunce Corner Road. Contact: Michelle, 508-947-5351. Meets: Thursdays, 7–8:30 p.m.

### Other Areas

- Maguire Road Group, for those employed at private health care systems. Contact: John William, 508-834-7036 Meets: Mondays
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Meets: Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Contact: Sharon Goldstein, 800-445-1195. Meets: Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 5<sup>th</sup> Floor Lounge, Manchester, N.H. Contacts: Diede M., 603-647-8852, Sandy, 603-666-6482. Meets: Tuesdays, 7–8:30 p.m. ■

## Benefits Corner

### Home heating oil discounts

The Oil Buying Network, the largest heating oil buying group in the nation, can help MNA members lower their heating costs by 10-25 cents a gallon or \$150 per year. Delivery and service from top-rated local suppliers. Save \$5 on membership rates and enjoy conveniences like automatic delivery, budget billing and 24-hour burner service. Call the Oil Buying Network at 800-649-7473 or visit [www.oilbuyingnetwork.com](http://www.oilbuyingnetwork.com) to take advantage of these savings.

### Save 20 percent on tax preparation at Tax Man

Take 20 percent off the cost of professional tax preparation services provided by Tax Man Inc. at any of their 24 offices statewide. Call 800-7-TAXMAN or visit their Web site [www.taxman.com](http://www.taxman.com) for a complete list of office locations & telephone numbers.

Tax preparation fees are based on the complexity of your tax return and the forms needed to accurately file your taxes, so you'll never pay more than what your unique tax situation calls for. Tax Man also offers 100 percent satisfaction guarantee on all tax services.

To receive your 20 percent discount, present a valid MNA membership card at the time of service and enjoy stress-free tax preparation this year. ■

### MNA membership dues deductibility 2004

Below is a table showing the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows the portion of membership dues used for lobbying expenses.

Region	Amount	Percent
Region 1	\$16.63	5.0%
Region 2	\$16.63	5.0%
Region 3	\$16.63	5.0%
Region 4	\$16.63	5.0%
Region 5	\$16.63	5.0%

## SAVE THE DATE

MassPRO and the Massachusetts Adult Immunization Coalition present

### The 10<sup>th</sup> Annual Adult Immunization Conference

**April 26, 2005**

8:00 a.m. to 3:00 p.m.

DCU Center in Worcester, MA  
(formerly Worcester's Centrum Centre)

**Keynote Address:**

### Looking Back and Moving Forward

**Walter A. Orenstein, MD**

Director, The New Emory Program on Vaccine Policy and Development, Emory University

Associate Director, Emory Vaccine Center, Emory University

Former Assistant Surgeon General, United States Public Health Service

Former Director, National Immunization Program, Centers for Disease Control and Prevention

CEUs will be offered for nurses and nursing home administrators.

For more information, please visit our Web site at [www.masspro.org](http://www.masspro.org).

**MassPRO**  
The Healthcare Quality Improvement Organization



This material was prepared by MassPRO, the Medicare Quality Improvement Organization for Massachusetts, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

7sow-ma-immun-04-27 confstd-dec-3k

### Nursing Skills, Legal Skills—

### A Winning Career Combination



**You have always thought about it... now do it!**

When you combine your nursing degree with a legal education, you're opening new doors to opportunity—in hospital administration or in the practice of law where your medical knowledge can help people in new and different ways.

**Massachusetts School of Law at Andover**  
500 Federal Street, Andover, MA 01810  
Tel: (978) 681-0800

Call or email us now for a school catalog,  
email: [msslaw@msslaw.edu](mailto:msslaw@msslaw.edu)

• **Lowest tuition in New England**

• **Financial aid available**

• **Day and evening programs**

• **LSAT not required**

Visit our website at:  
[www.msslaw.edu](http://www.msslaw.edu)

**Massachusetts School of Law at Andover**

Auto • Home • Business • Life

Just for being a MNA member, you and all household members are entitled to savings on your Automobile Policies. This includes all household members, including Young Drivers!

**Call Colonial Insurance Services today for a no-obligation cost comparison 1-800-571-7773 or check out our website at [www.colonialinsuranceservices.com](http://www.colonialinsuranceservices.com)**



#### Automobile Savings

Automobile discount of 6%. Convenient fee free EFT available.



#### Homeowners Policy

12% discount when we write your automobile. 3% renewal credit after 1 year the policy has been in effect.



## RNs needed as Sexual Assault Nurse Examiners

The Massachusetts Department of Public Health invites RNs with 3-5 years of experience, preferably ED, Women's Health, or AP nursing to apply for training as a Sexual Assault Nurse Examiner (S.A.N.E.). Includes 48 hours of lecture and lab, pelvic and sexual assault exam preceptorships. After certification, SANEs provide expert sexual assault exams at designated EDs and Urgent Care Centers. Stipend provided.

### Spring, 2005 certification training schedule:

#### Worcester, Massachusetts

Mondays, April 11, 25, May 2, 9, 23, June 6, 13

**Exam date: June 20**

#### Cape Cod, Massachusetts

Fridays, April 29, May 6, 13, 20, June 3, 10, 17

**Exam date: June 24**

*This is a 7-day program- you must attend all 7 days.*

*Fee: \$350.00. (payable after acceptance into the training.)*

#### Application Deadline: March 14

Acceptance into the training is dependent on 3 letters of reference in good standing and in-person interview.

To request an application, contact Ginhee Sohn, SANE Program Coordinator at 617/624-5432, [Ginhee.Sohn@state.ma.us](mailto:Ginhee.Sohn@state.ma.us) or download an application at: <http://www.mass.gov/dph/fch/sane/index.htm>

For information regarding the Program/ training, contact Mary Sue Howlett, RN, SANE, Training Coordinator, at 978/687-4262 or [mshsane@comcast.net](mailto:mshsane@comcast.net)

# INTRODUCING THE NEW MNA HOME MORTGAGE PROGRAM

*A new MNA family benefit*



Reliant Mortgage Company is proud to introduce the **Massachusetts Nurses Association Home Mortgage Program**, a new MNA benefit that provides group discounts on all your home financing needs including:

- Purchases & Refinances
- Home Equity Loans
- Debt consolidation
- Home Improvement Loans
- No points/no closing costs
- Single & Multifamily Homes
- Second Homes
- Condos
- No money down
- Investment Properties

**Group discounts:** As the only MNA-endorsed mortgage lender, we provide qualified members and their families with low rates and group discounts. Take advantage of free mortgage pre-approvals, free credit analysis, and free review of purchase and sale agreements for homes financed through the program.

**Expert advice:** Whether you're a first-time or experienced homebuyer, choosing the right mortgage is important business. Reliant mortgage consultants are available to MNA members and their families to answer your questions, and walk you through the mortgage process.

We can advise you with options for refinancing your current mortgage to reduce your monthly payments, change the term of your loan, or put the equity in your house to work to consolidate debt or pay for home improvements. And if less than perfect credit (including bankruptcy or foreclosure) is a problem, ask us about practical "make-sense" underwriting. Whatever your needs, we're here to help. Give us a call at **877-662-6623**. It's toll free.

*As an MNA member, you and your family are entitled to receive free mortgage pre-approvals, and credit analysis.*

**MNA**  
MASSACHUSETTS NURSES ASSOCIATION

- \$275 Off Closing Costs
- 1/8 Point Discount off Points Incurred
- Free Pre-Approvals
- Low Rates & Discounts
- No Point/No Closing Cost Programs Available
- Also Available to Direct Family Members

CALL THE MNA ANSWER LINE FOR PROGRAM RATES AND DETAILS:

**1.877.662.6623**  
**1.877.MNA.MNA3**



# MNA Member Benefits Save You Money

## Personal & Financial Services

### PORTABLE HEALTH INSURANCE

ELLEN KAPLAN, GROUP HEALTH SPECIALISTS.....800-604-3303 OR 508-875-3288  
Managed care & comprehensive indemnity plans through Blue Cross/Blue Shield as well as other carriers.

### PROFESSIONAL LIABILITY INSURANCE

NURSES SERVICE ORGANIZATION ..... 800-247-1500 (8:00 a.m. to 6:00 p.m.)  
Leading provider of professional liability insurance for nursing professionals with over 800,000 health care professionals insured.

### CREDIT CARD PROGRAM

MBNA AMERICA..... 800-847-7378  
Exceptional credit card at a competitive rate.

### TERM LIFE INSURANCE

LEAD BROKERAGE GROUP..... 800-842-0804  
Term life insurance offered at special cost discounts.

### LONG TERM CARE INSURANCE

WILLIAM CLIFFORD.....800-878-9921, x110  
Flexible and comprehensive long-term care insurance at discount rates.

### SHORT TERM DISABILITY INSURANCE

ISI NEW ENGLAND INSURANCE SPECIALIST LLC .....800-959-9931 OR 617-242-0909  
Six-month disability protection program for non-occupational illnesses & accidents.

### LONG TERM DISABILITY INSURANCE

LEAD BROKERAGE GROUP..... 800-842-0804  
Provides income when you are unable to work due to an illness or injury.

### RETIREMENT PROGRAM

AMERICAN GENERAL FINANCIAL GROUP/VALIC..... 800-448-2542  
Specializing in providing retirement programs including 403(b), 401(k), IRA, NQDA, Mutual Funds, etc.

### DISCOUNT TAX PREPARATION SERVICE

TAXMAN INC. ....800-7TAXMAN  
20% discount on tax preparation services.

### HOME MORTGAGE DISCOUNTS

RELIANT MORTGAGE COMPANY..... (877) 662-6623  
Discounts on mortgage applications for home purchase, refinance and debt consolidation. Inquire about no points, no closing costs program and reduced documentation programs. Receive free mortgage pre-approvals.

### TAX REVIEW SERVICE

MERRIAM TAX RECOVERY ..... 508-340-0240  
Experts in recovering overpaid taxes.

## Products & Services

### AUTO/HOMEOWNERS INSURANCE

**MANSFIELD:** COLONIAL INSURANCE SERVICES .....800-571-7773 OR 508-339-3047  
**WEST SPRINGFIELD:** BATES FULLAM INSURANCE AGENCY ..... 413-737-3539  
**BOSTON:** ROBERT S. CLARK INSURANCE AGENCY..... 800-660-0168  
**LOWELL:** JAMES L. COONEY INSURANCE AGENCY ..... 978-459-0505  
**WOBURN:** LENNON INSURANCE AGENCY ..... 781-937-0050  
**FALMOUTH & POCASSET:** MURRAY & MACDONALD INSURANCE SERVICES ..... 800-800-8990  
**TURNERS FALLS:** PARTRIDGE ZCHAU INSURANCE AGENCY..... 413-863-4331  
Save up to 6 percent on Massachusetts auto rates; 12 percent account credit for homeowners when we write your auto policy.

### CELLULAR TELEPHONE SERVICE

CINGULAR WIRELESS..... 781-690-5368  
Save 10–20 percent on SuperHome rate plans with no activation fee plus 20 percent discount on accessories. Some discount plans include free nights (9 p.m. to 7 a.m.) and weekends.  
T-MOBILE..... 508-369-2200  
MNA members receive free phone with activation, free nationwide long distance & roaming and free nights & weekends (on specific plans). No activation fee for MNA members.  
VERIZON WIRELESS..... 617-571-4626  
Receive an 8 percent discount on plans priced \$34.99 and above! Receive a free Motorola V60s on any new purchase or upgrade.

NEXTEL COMMUNICATIONS, DON LYNCH ..... 800-313-2700  
Enjoy free incoming call plans and direct connect. Save 10 percent on rates and 30 percent on equipment. Many phones to choose from, including the new 1830 and the new Blackberry 7510.

### DISCOUNT DENTAL & EYEWEAR PROGRAM

CREATIVE SOLUTIONS GROUP..... 800-308-0374  
Best benefits—a health care savings plan that cuts the cost of health care expenses. Discounts on dental, eyecare and chiropractic expenses.

### JIFFY LUBE DISCOUNT

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Obtain an MNA Discount card to receive 15% discount on automobile products & services.

### CONSUMER REFERRAL SERVICE

MASS BUYING POWER..... 866-271-2196  
Mass Buying Power is a no-cost, no-obligation benefit offered to MNA members. Before you make your next purchase visit [www.massbuy.com](http://www.massbuy.com) for any new products and services. Log in as a group member (sign-in name: MBP, password, MBP)

### DISCOUNT ELECTRONICS & APPLIANCES

HOME ENTERTAINMENT DISTRIBUTORS.....800-232-0872 OR 781-828-4555  
Home electronics & appliances available at discount prices for MNA members.

### OIL BUYING NETWORK DISCOUNT

OIL BUYING NETWORK ..... 800-649-7473  
Lower your home heating oil costs by 10 – 15%.

### WRENTHAM VILLAGE PREMIUM OUTLETS

Present your valid MNA membership card at the information desk at the Wrentham Village Premium Outlets to receive a VIP coupon book offering hundreds of dollars in savings.

### SIGHT CARE VISION SAVINGS PLAN

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World locations.

### HEALTH CARE APPAREL

WORK 'N GEAR DISCOUNT.....800-WORKNGEAR (FOR STORE LOCATIONS)  
Receive 15% discount off all regularly priced merchandise. Simply present your valid MNA membership card at any Massachusetts Work 'n Gear store to pick up your discount card.

## Travel & Leisure

### HERTZ CAR RENTAL DISCOUNT

HERTZ ..... 800-654-2200  
MNA members discounts range from 5 – 20% mention MNA discount CDP#1281147.

### DISCOUNT MOVIE PASSES

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Showcase Cinemas/National Amusements, \$6. AMC Theatres, \$5.50. Regal Cinemas (not valid first 12 days of new release), \$5.50. Call to order by phone with Mastercard or Visa.

### DISCOUNT HOTEL & TRAVEL PRIVILEGES

CHOICE HOTELS INTERNATIONAL (SOS PROGRAM)..... 800-258-2847  
20% discount on participating Comfort, Quality, Clarion, Sleep, Econo Lodge, Rodeway & MainStay Suites, Inns & Hotels. Advanced reservations required mention SOS Program #00801502. Membership in Guest Privileges Frequent Traveler Program.

### CENTRAL FLORIDA AREA ATTRACTIONS

THE OFFICIAL TICKET CENTER ..... 877-406-4836  
Discount admission to Orlando area attractions.

### ANHEUSER-BUSCH ADVENTURE PARKS DISCOUNT

MNA MEMBERSHIP DEPARTMENT .....800-882-2056, x726  
Obtain Adventure Card to receive discount admission to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

### UNIVERSAL STUDIOS MEMBER EXTRAS

Log onto the MNA Web site at [www.massnurses.org](http://www.massnurses.org) and click on the Universal Studios Link to obtain special discount prices or e-mail [member.extras@universolorlando.com](mailto:member.extras@universolorlando.com).

**MNA's premier group benefits programs help you get more out of your membership and your hard-earned money! Take advantage of these special benefits specifically designed for MNA members. For information on our discount programs, contact the representative listed or call Chris Stetkiewicz in the MNA membership department, 800-882-2056, x726.**  
**All benefits and discounts are subject to change.**